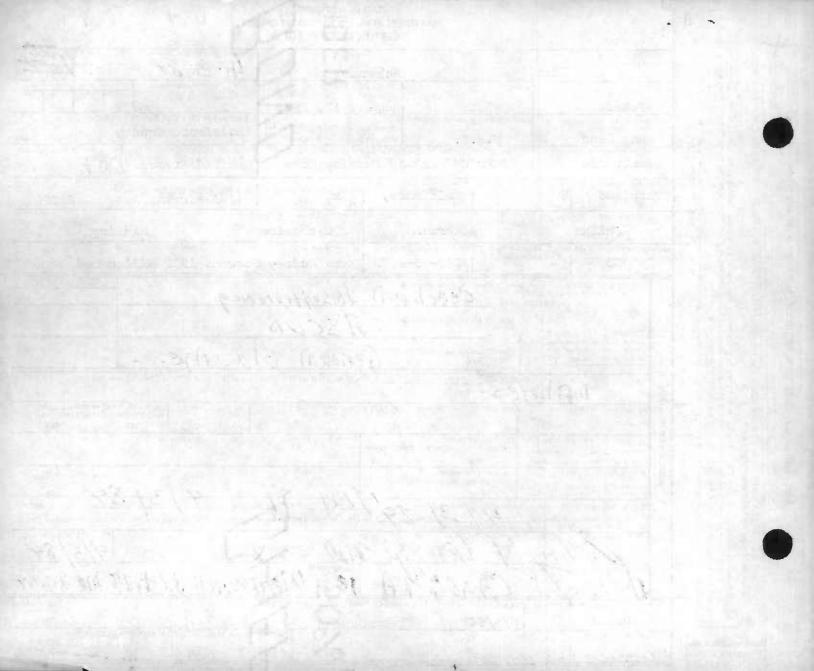
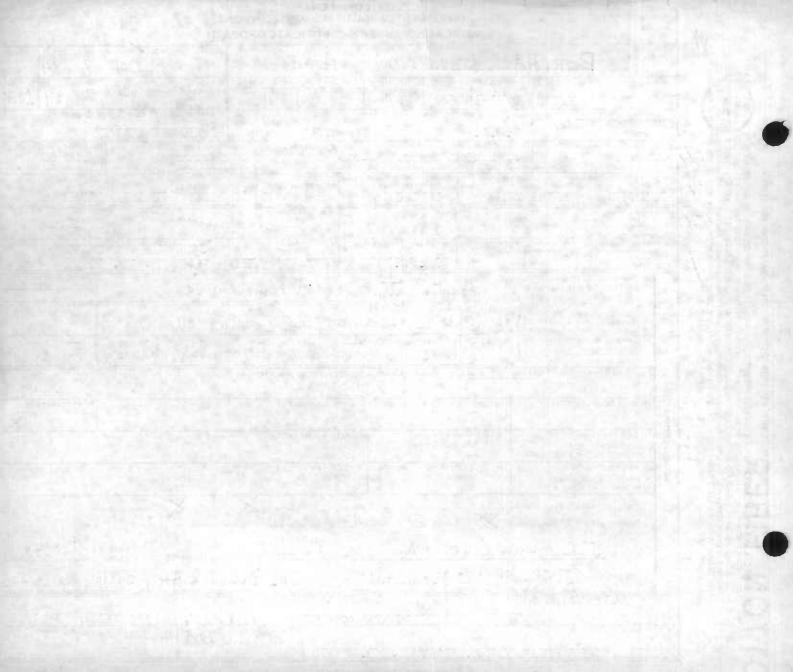
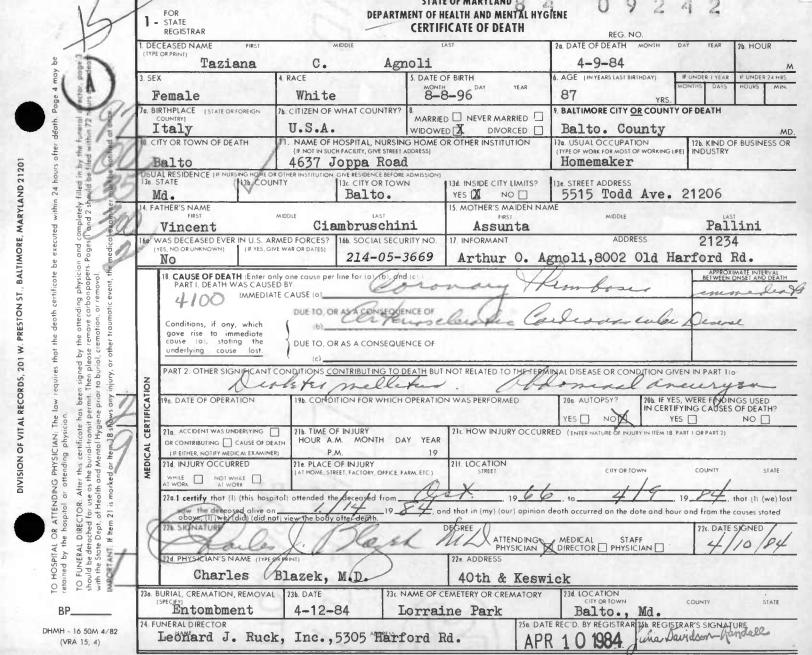
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TO HOSPITAL OR retoined by the h TO FUNERAL DIRI should be detache with the Store Deep With the Store Deep IMPORTANT: If he		22d physician's NAME TO	y F (RILL) EORPRINTI EORPRINTI EORPRINTI	18399	- 41	MEDICAL STA		4/3/84 Ind 21234
or or show	23a E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COU	NIV STATE
ВР		Burial JNERAL DIRECTOR	4/6/84	Greenm	ount 75a. D	Baltimo		THE STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	I	eonard J Ruck		DDRESS	ΔF		Pulic Savid	m-Randell



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B	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 9 2 4 3 STATE CERTIFICATE OF DEATH REGISTRAR  STATE OF MARYLAND REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR	,
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ond completely the	160	HER'S NAME  JOHN  IS MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  TREUS C  AS DECEASED EVER IN U.S. ARMED FORCES?  IS MOTHER'S MAIDEN NAME  FIRST  ADDRESS  TREUS C  ADDRESS  7853 TWIN Ridge  LOST  LOST  TREUS C  ADDRESS  7853 TWIN Ridge	h
equires that the death certificate is signed by the attending physici. Then please temove carbonopper to burial, cremation, ar removal. injury, ar other traumatic event, the	NO	RETWEEN ONSET AND PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause lat, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)	ZEATH
has been prior permit.	CERTIFICATION	90. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO  210. ACCIDENT WAS UNDERLYING  210. TIME OF INJURY  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
NDING PHYSICIAN; The office of the office of the buriol-transities in and Mental Hygis smarked or them 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  216. INJURY OCCURRED  216. PLACE OF INJURY  211. LOCATION	re) last
TO HOSPITAL OR ATTER- retained by the haspital TO FUNERA DIRECTOR should be detached for with the State Dept. of H		saw the descased alive an above, (1) (ye) Addid) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF ALC OZ MP 605 BX A BIVA SP. MLZI	k
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DHMH - 16 50M 4/83	1	NERAL DIRECTOR  ADDRESS  ADDRE	5

HOLD STATE TO THE PROPERTY OF Stall Ballanowsk St. D. Is/Sunskilla-Co. The offer oil amount of Williams I

Henry W. Jenkins & Sons Co., Balto., Md.

FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

21047

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

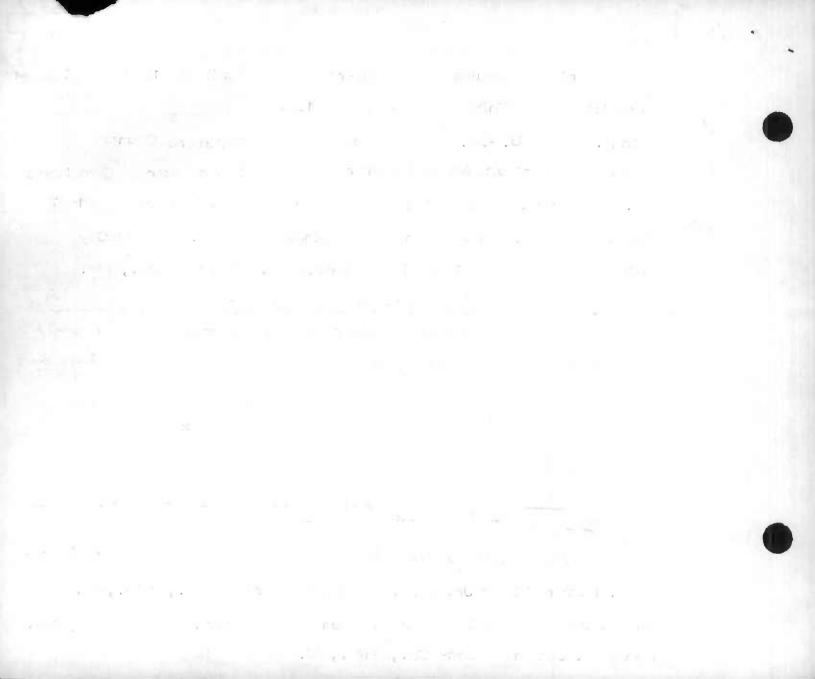
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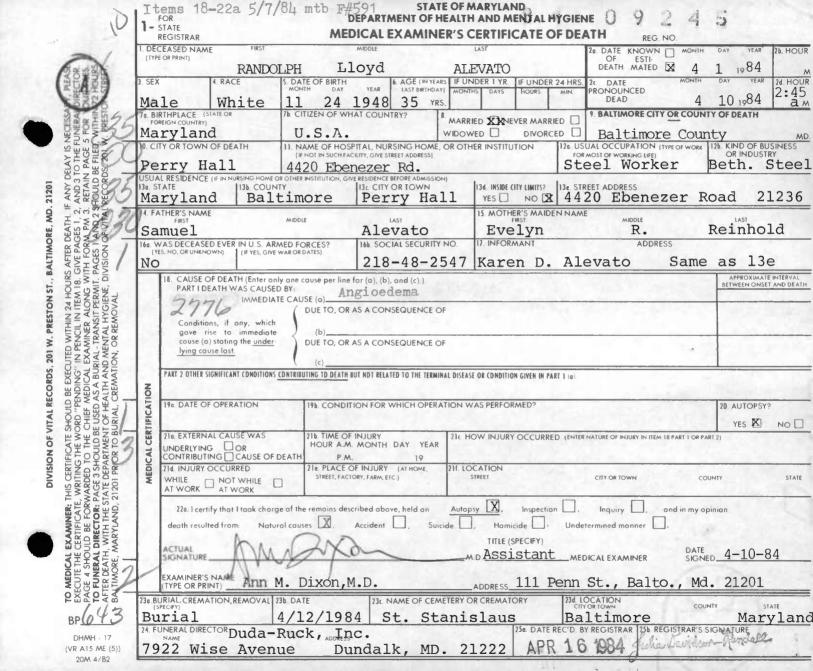
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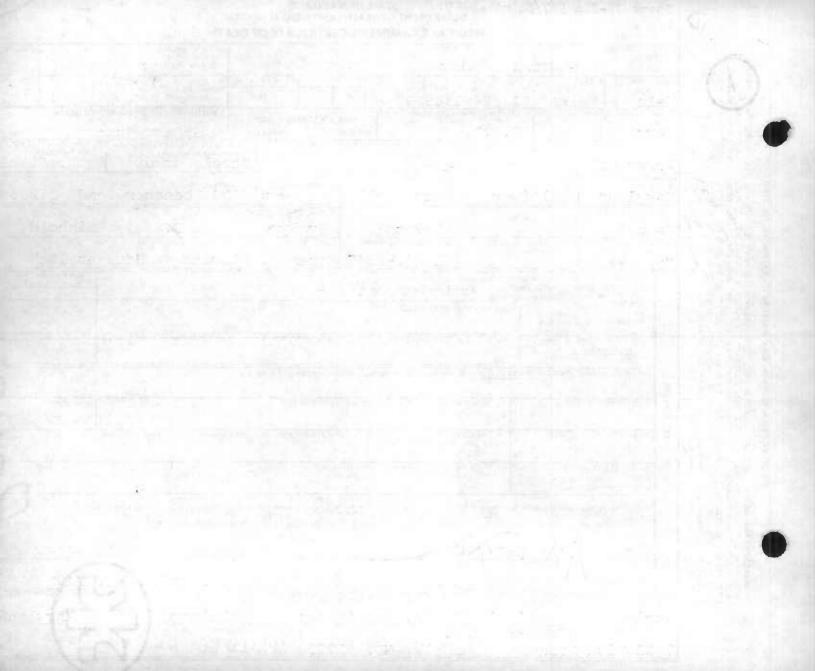
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DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

HEATHROW CT. 21236 SKOWRONSKI 21236 LEE HAGER (DGHTR) 9128 KILBRIDE RD. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2 COUNTY , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9000 Franklin Square Drive - 21237 BURIAL MD ATE BATTTMORE 24 FUNERAL DECLOR MUNEK FUNERAL HOME, INC. 25a. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 21236 9705 Belair Rd., Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

8.10PM

IF UNDER 24 HRS HOUR5

20. DATE OF DEATH

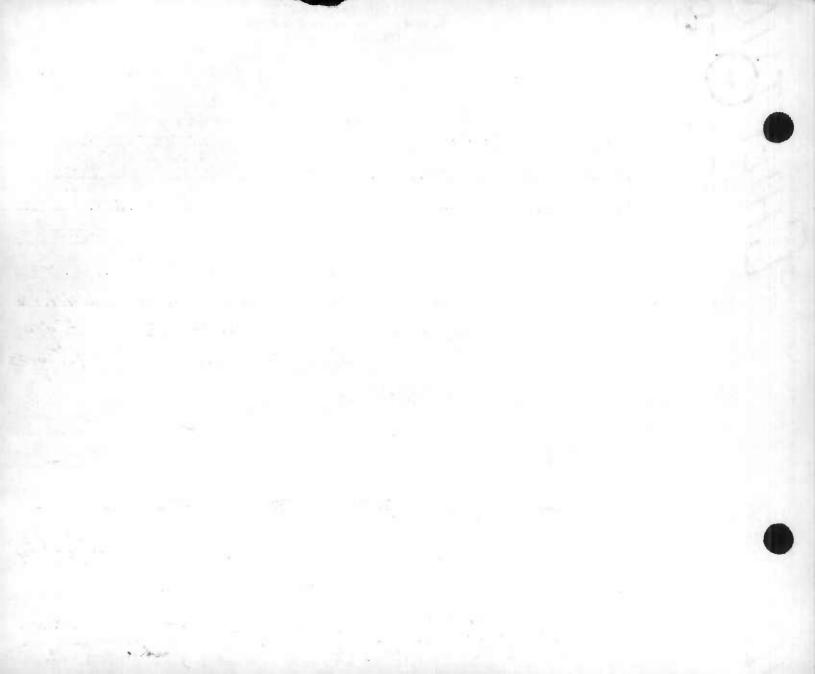
CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



X		FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG TCATE OF DEATH	REG. N		9	
oth		CEASED NAME FIRST Eliz	abeth	A.B.	Apsey	AST	20. DATE OF DEATH	4 25	94 1 · F	UR PA
C	3 SEX	remale	4 RACE Whit	e	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	INDER LYEAR IF UNDER 24 HRS	
1.15	Ba	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_		MD.
rs ofter by the hothke	Co	TY OR TOWN OF DEATH OCKEYSVIlle	(IF NOT IN SUC	admead 13	801 Y	or other institution ork Rd.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE) IN	b. KIND OF BUSIN IDUSTRY	IESS OR
AND 21:	13a. S		or other institution in the last of the la	Ruxton	'N	13d. INSIDE CITY LIMITS?	7003 Cha	rles Rid	lge Rd. 2	1204
MARYL ompletely 1 and 2 s			MIDDLE Duncan	Black		15. MOTHER'S MAIDEN NAI	MIDDLE	R	idae] y	
TIMORE  De execu  S. Poges  e medica		VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 220-38-8		Mrs. Ann Lat	reille T	SS		)4
or w. PRESTON ST., 84.  That the death certificat by the attending physisese remove carbon pap of, cremation, or removo		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI.  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, O	RAS A CONSEQUE	ENCE OF	wonay a CHF ve Genal	Rest.	ne -	approximate inte Between Onset and	D DÊÀTH
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TAL REC	CERTIFICATION	2)g. ACCIDENT WAS UNDERLYING					YES NO	IN CERTIFYING	CAUSES OF DEA	TH?
DIVISION OF VIIT OFFICIAN: Official physician official certificat so the buriof-trons th and Mental Hyg orked or fem 18 sl	CAL	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  AT WORK A J WORK	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH DA	19	211 LOCATION STREET	CITY OR TO			STATE
ATTENDIN Septial or ECTOR At for use o of for use o f. of Health		270   certify that (1) this has saw the deceased alive a above (1) (we) (did) did r	11/2		/	ad that in (my) (our) opinion of	death accurred on the de	ate and hour one	from the causes st	(we) lost toted
PITAL OR by the hub the hub the hub the hub the hub the hub the perfect of the perfect of the hub the		THE SHOWATURE	awn	W .		ATTENDING PHYSICIAN [	MEDICAL STA	FF	4/25/	4
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd. 21212

4/27.1984

230 BURIAL, CREMATION, REMOVAL "Cremation

231. NAME OF CEMETERY OR CREMATORY

Greenmount

Baltimore City 250 DATE REC'D. BY REGISTRAR 25th REGISTRAR'S SIGNATORE SEASON AND PROPERTY OF THE SEASON AND PROPERTY

STATE

(3)

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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ARMSTRONG

5. DATE OF BIRTH

WIDOWEDXX

NOXX

Christina

17. INFORMANT

711 LOCATION

77e ADDRESS

STREET

REG. NO 20. DATE OF DEATH 7b. HOUR 5:15 A.M. April 13, 1984 IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS February 20, 1895 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County DIVORCED | 170 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 17 Maryland Avenue 21208 15 MOTHER'S MAIDEN NAME MIDDLE Zimmerman ADDRESS Mrs. Audrey A. Browne same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206, IF YES, WERE FINDINGS USED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) CITY OR TOWN COUNTY and that in(my) our) opinion death occurred on the date and hour and from the causes stated 77c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CITY OF TOWN COUNTY STATE Baltimore BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

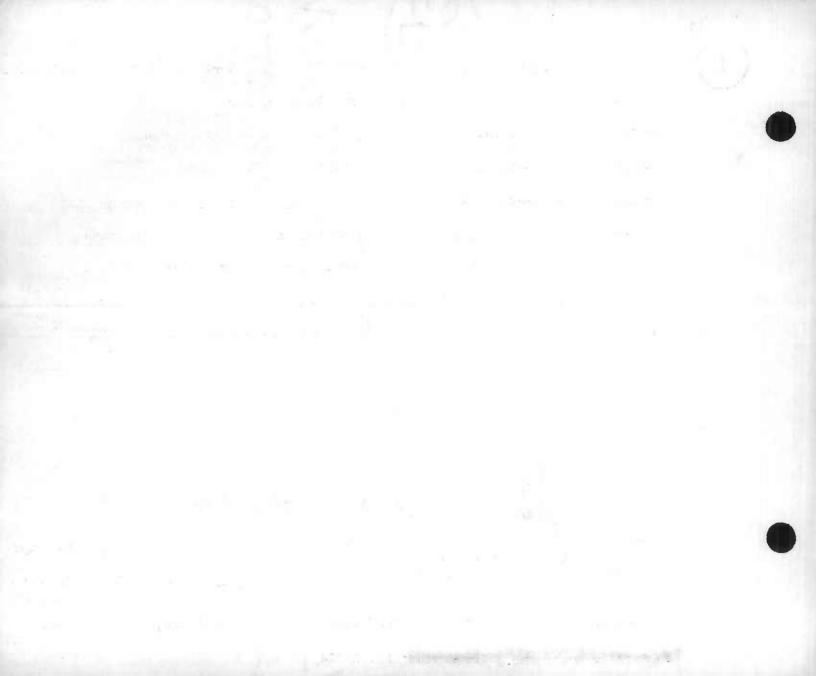
FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) KATHERINE C. 4 RACE Female White II. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Marvland U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH Dulaney Towson Nursing Center Towson USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 133. COUNTY 134. CITY OR TOWN Baltimore Pikesville Maryland IL FATHER'S NAME FIRST MIDDLE Andreas Seifert 16b. SOCIAL SECURITY NO. Ma WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-09-3505 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 714 INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220 | certify that (I) (this hospital/attended the deceased from sow the deceased alive on above (1) (ve) (did) (did not) view the body after death SIGNATURE 724 PHYSICIAN'S NAME ITYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY) Burial 4-16-1984 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Baltimore

DEGREE

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

DHMH - 16 50M 4/83 (VRA 15, 4)



O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may	4	9	should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 👢 and 🖫 rabld be filed within 72 hours of 🏻 det	
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injury, or other traumatic event, the me

MPORTANT: If them 21 is marked ar them 18 shows any

STATE OF MARYLAND

STATE OF MARYLAND A DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL I	HYGIENE	REG. NO.	J 4,	
	CEASED NAME	FIRST	1	MIDDLE	1	AST	2a. 1	DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		MARY	TI	MANUS	ARN	OLD		4	12 84	930 pm
3 SE	X	4.	RACE		5 DATE C		6 A	GE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
1	FEMALE	- 339	WHI	TE	07			91 · YR:		HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. B	ALTIMORE CITY OR COUN	NTY OF DEATH	
	MARYLAND	34	U.S	.A.	WIDOWE			BALTIMORE CO	OUNTY	MD.
10 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATION TO OF WORK FOR MOST OF WORKING	12b. KIND OF	F BUSINESS OR
1	CATONSVII	LE	INgle	NOOK-1	159.	HOME		HOMEMAKER		_
	AL RESIDENCE (IF NUR!	136 COUNT		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS	52 1130	SIRFET ADDRESS		
M	ARYLAND	BALTI	MORE	CATONSV		YES TO NO		807 WOODSDAL	E ROAD, 2	1228
]4. FA	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE	LAST	
	MARCELLUS			OWENS		SARAH			BEA	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	1	ADDRESS		
	NO			216-10-2	2945	MARY G. TA	CKA	511 CHARING	CROSS RD	. 21229
	18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), an	d (cl.)	1.1	,		APPROXIM BETWEEN O	MATE INTERVAL DNSET AND DEATH
	PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) MY CAMPIAL NTANCTO D									
	Conditions, if ony, which (b) CENTRAL VASUUM AU put									
	Conditions, if ony, which gove rise to immediate (b) (ENERMA URWIAN AU, part							-		
	couse (a), statis	DUE TO, OI	R AS A CONSEQU	ENCE OF						
	underlying cause last. (c)									
CERTIFICATION	PART 2 OTHER SIGI	NIFICANT CO	nditions <u>cc</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR CONDITION	GIVEN IN PART 110	
CA.	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20	00 AUTOPSY? 20b. IF	YES, WERE FINDIN	GS USED
TIE			0166				Y	ES NO	RTIFYING CAUSES	NO DEATH?
	210. ACCIDENT WAS UN		216. TIME O		AY YEAR	21c. HOW INJURY OCC	CURRED (	ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	6
CAL	OR CONTRIBUTING [		P.		19					
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	APM FICE	21f LOCATION		CITY OR TOWN	COUNTY	STATE
-	AT WORK AT WO	HILE DRK							_ (1	
1.5	220 1 certify that (1)		) attended the	e deceased from_	QU 3/	20 19	09.	10 4/13	,	hot (I) (we) last
	sow the deceas	ed alive an did   did not	view the body	eter death.	<u>O. /</u> , on	id that in (my) (our) opini	nion death	occurred on the date and I	hour and Irom the c	ouses stated
	276 SIGNATURE	May	e C	ha	U	ATTENDING PHYSICIAN	G ME	EDICAL STAFF	The DATE S	13/14
	THE PHYSICAL ST	AE SYPEORP	Dans	5 /1	1-11)	22e ADDRESS	10	271/24	Ducal	-CAN
23n D	BURIAL, CREMATION,	DEMOVAL	23b. DATE	122	IAME OF C	EMETERY OF COST	1 1	3d LOCATION	IIISE (	2/1/2
- (	BURIAL	KEMOVAL	04-16		BALTIM		AL :	BALTIMORE CI		RYLAND 3
	UNERAL DIRECTOR			ADDRESS		.1229 25a. [	DATE REC	1 6 1084	ISTRAR'S GIGNATE	Bridable
H	UBBARD FUN	IERAL H	IOME, I	NC. 4107	WILKE	ENS AVE.	APK	10 804	O tren (order	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC

8728 Liberty Rd.

Randallstown, MD

21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

12h KIND OF BUSINESS OR

Seamstress

F UNDER 24 HR

21204

NO I

STATE

STATE

JE UNDER 1 YEAR

INDUSTRY

Gibson

YES [

Julia Davidson

COUNTY

22c. DATE SIGNED

21207

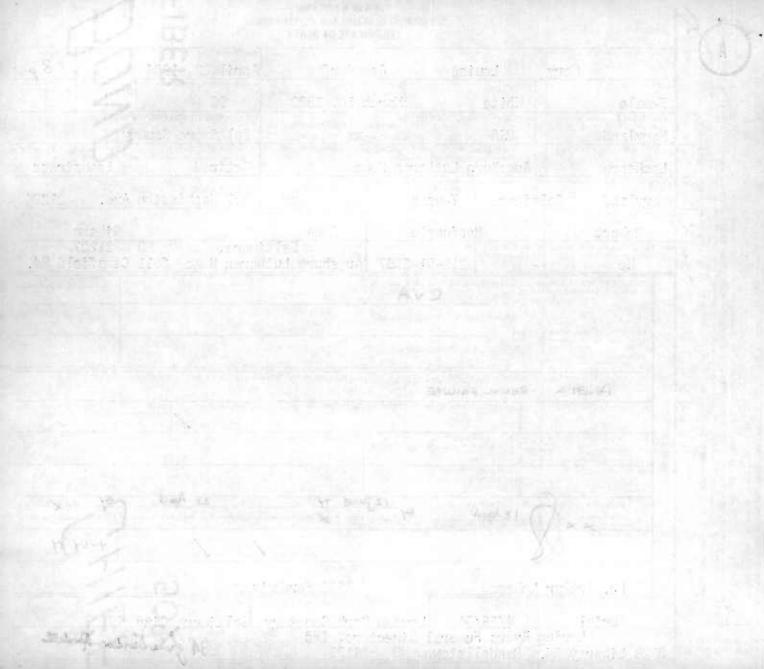
2a. DATE OF DEATH

STATE

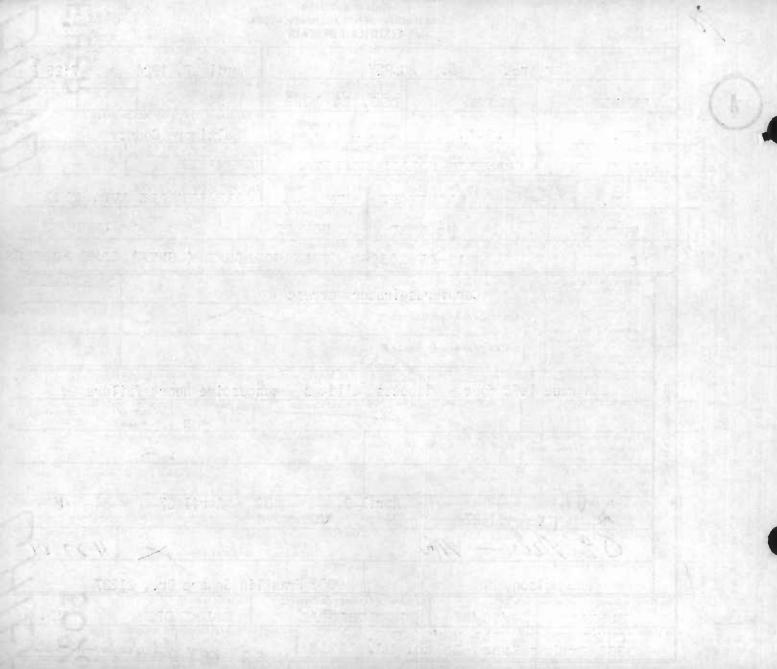
1. DECEASED NAME

REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



IMPORTANT: If hem 21 is marked or Item 18 shaws any injury, or other troumatic event, the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR		DEI ANON	CERTIF	ICATE OF DEATH		REG. NO	).			
		CEASED NAME FIRST	A	AIDDLÉ	L	AST	. 2	0. DATE OF DEATH	HINOM	DAY YEAR	2b. HO	
	(TIPE	ALBER	TA	MAY	A	YERS			04	30 84	1 11	39 AM
	3. SEX		4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAY		R 24 HRS
		FEMALE	WH:	ITE	0	5 24 1	4	64	YRS.			
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9	BALTIMORE CITY OF	COUNT	Y OF DEATH		
-	1	MD.	U.5	5.A.	WIDOWE			BALTIM	ORE	COUNT	Y	MD.
	₩. CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION		20 USUAL OCCUPATION	NC	12b. KIND	OF BUSIN	IESS OR
	)B	ALTIMORE /	At -	HEACILITY, GIVE STREET	ADDRESS	HOSP		HOMEMAKE		(IFE)   INDUSTR	_	
1	USUA 13a S	AL RESIDENCE (IF NURS AT THE STATE		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMIT	152	3e STREET ADDRESS /	7IP COF	)F	21	713
9		MD.	_	BALTIMO		YES NO		. 1	rew	A	DT 5	FP.
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		0	LAST	
		ALBERT	WIDDLE	JONES		FIRST MAY		MiDDLE			DD	
6		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS	<u> </u>	2120	16
4	0	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218-03-	1614	SUZANNE	CH7	ANNON (DG	HTR)	4720		LWIG
		18 CAUSE OF DEATH (Enter or	ly one couse per			BUZANNI	DILL	SIGNOIA (12G	mr v1			ERVAL BD
		PART I. DEATH WAS CAUSE	D BY:	CONGES		HERRT	FAI	LURE		1	AYS	D SCHIPT!
		4292 IMMEDIA	TE CAUSE (o)									
	1 1	Conditions, if ony, which	DUE 10, O	RAS A CONSEQUE	LERO	TIC CARDION	IASC	ULAR DISES	ASIS	1 4	CARS	5
		gove rise to immediate	(b) <u>/</u>				7 (00 -(					
		couse (a), stating the underlying couse last.	DUE TO, O	r as a conseque	NCE OF							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONF	ITION G	IVEN IN PART	lia	
	20	0-21-41	LURE:	PERIPH	FRAL	VASCIZLA	R	IN SU FFICIE				
A	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a: AUTOPSY? 20b IF YES, W			VERE FINDINGS USED	
1	F							YES NOT		IFYING CAUS	ES OF DEA	
	#	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUR			)	
1		OR CONTRIBUTING CAUSE OF DE	NIP .	M. MONTH DA	AY YEAR							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P. P. P. 21e PLACE		19	211. LOCATION						
	¥	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOV	AM	COUNTY		STATE
		220.1 certify that (this hospi	ital) attended th	e decensed from	4-	10	84	10 4-30	0	10 94	, that	(we) lost
		sow the deceased alive on	4-3	30 19	84.0	nd that in () (our) op	inion de	eoth occurred on the do	te ond ho	our and from t		
		obove, () (we) (d/d) (did no 22b. SIGNATURE	ot) view the body	after death.		DEGREE				22c. DA	TE SIGNED	5
		16me C	Loon	. LANGE		40 ATTENDIT		MEDICAL STAF		4	-30 -	84
1		72d. PHATTICIANIS NAME (TYPE	OR PRINT)	00000	-1	122e. ADDRESS 57			SPITI	AGL.	-	
	9	JORGE C.	SECADI	9-LOVIC	), 40	7670 YOR	. 4	00.		MD. 0	2/20	4
	23o. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATE	•	23d. LOCATION				
		BURIAL	5/3/	/84 GA	ARDEN	S OF FAIT	гн	BALT	IMOF	RE		ID.
	24 F)	SCHIMUNEK FU					a. DATE	REC'D. BY REGISTRAR	256 EQ 19		ATURO	2.00
	1	3331 Brehms	Lane,	Balto.	Md.	21213	'AM	12 1984	June	C Park (40)	15-16	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

4-10-84 STANDARD STANDARD LA ALLANDARD STANDARD STANDARD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

I. DECEASED NAME

- STATE

Religious 13e.STREET ADDRESS / ZIP CODE 1001 W. Joppa Rd., 21204 Smith 21204 066-42-6980 Convent Records, 1001 W. Joppa Rd. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (bor) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Osler Med. Ctr., Osler Dr., 21204 Burial 4/14/84 Mission Helpers Balto. Towson Convent Cem. 24 FUNERAL DIRECTOR / Marley X 250 DATE REC'D. BY REGISTRAR'S STREET TRATES SIGNATURE DHMH - 16 50M 4/83 Martin D. Lawson, 10 W. Padonia Rd. 21093 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

1984

INDUSTRY

IF UNDER I YEAR

20. DATE OF DEATH

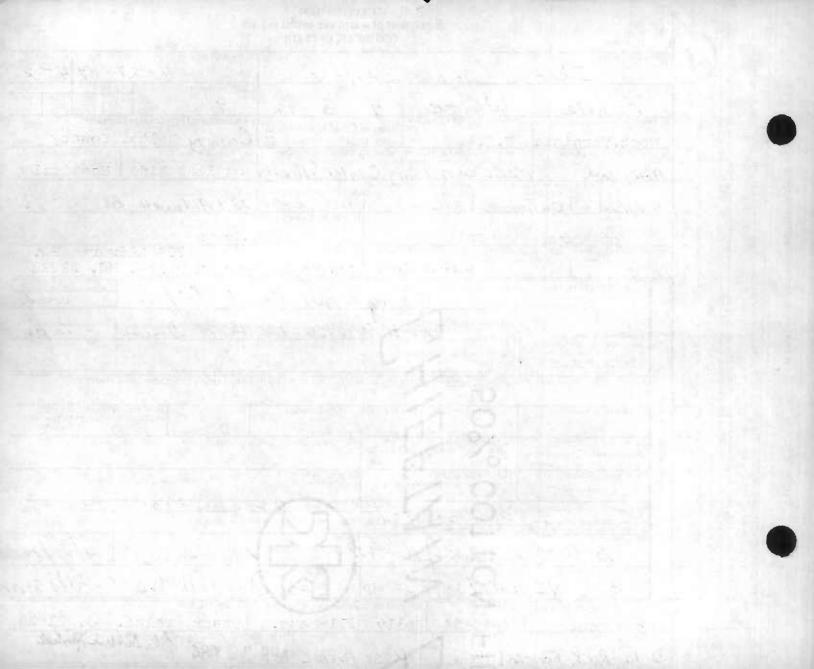
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HOT Y	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND OF HEALTH AND MENTAL HYG FICATE OF DEATH	TENE 0 9 2	5 3
0		CEASED NAME FIRST CHARL	MIDDLE	R	ALLOFII	20. DATE OF DEATH MONTH	25-84 9:15 AM
Se 4 may	3. SE		4 RACE W.	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	MARRII WIDOW	_	9. BALTIMORE CITY OR COU BALTIMORE	NTY OF DEATH
by the fu	10 C	TOWSON		, GIVE STREET ADDRESS	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPEOLYCOPUS MOST OF WORKE)	IZE. KIND OF BUSINESS OR INDUSTRY PENN MAR OIL CO
AND 212	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR MARYLAND BALT)	NTY 13c. CIT	DENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?		ODE lo Rd. 21234
E, MARYL, uted within completely 1 and 2 sh	14 F.	John W.	WIDDLE	Bagwell	is. Mother's Maiden NA/	O. MIDDLE	Fickst
imond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI YES WW	F WAR OR DATES	5-03-4241)	Margaret T.	Bagwell 1603	Orlando Rd. 21234
certificate languages propopers removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		(a), (b), and (c).)	org arrex		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer ottending ave carbo stion, ar re		433 / Canditions, if any, which		CONSEQUENCE OF	ish of the	e brain	
that the cose remain of, cremain		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR ASA	CONSEQUENCE OF	valcerla	u overid	ent
RDS, 20 equires to signed Then ple r to buric injury, or	NO.	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11a
AL RECO	CERTIFICATION	3 D 8	19 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: T ng physici certificate ricol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	5111	ONTH DAY YEAR	1c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEA	A 1B PART I OR PART 2}
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician and campletely filled in by as the buriolations to be been signed by the ottending physician and campletely filled in by as the buriolations to permit. Then please remove carbon papers. Pages 1 and 2 should be fill the ond Mental Hygiene prior to buriol, cremation, or removal.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.	THE LOCATION	CITYOR TOWN	COUNTY STATE
O E S		220.1 certify that (1) (this hasp saw the deceased alive an above (1) (we) (did) (did no	44 1 1 (2)	sed from	nd that in (aur) opinion	death occurred an the date and	haur and fram the causes stated
the hor the hor the hor the hor the bear the Depth of the		22b. SIGNATURE	directed	(a)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	p 122 parte SIGNED 84
O HOSPITAL etoined by th TO FUNERAL should be dete		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		St. Joseph	as Hospital Tow	
PP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 4-28-84	23c NAME OF Garden	CEMETERY OR CREMATORY S of Faith	23d. LOCATION CITY OR TO Baltin	ore; Maryland' ATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR	17401	Below 2	1236 250. DAT	E REC'D. BY REGISTRAR 75b. RE	GISTRAR'S SIGNATURE

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(VRA 15, 4)



ARISTA T. APRIL 14, 1984 6:09 A THE RE WE SEE .c. head land TRILLIEN ST JISSOFF HELP THE The state of the same of the s 10000000000 THE RESERVE TO THE PARTY OF THE AUGENIANA PROPERTY OF THE PROPERTY AND AUGUST AND AUGUST AND AUGUST AND AUGUST AND AUGUST AUGUST AND AUGUST #11-14000asd Tabush - Incomes e inga / Administration countries with the a Open Sound Countries and the one de-Construction of the Section of the Section of MIDDLE

FOR - STATE

REGISTRAR

I. DECEASED NAME

DHMH - 16 50M 4/83

(VRA 15, 4)

BALTIMORE COUNTY 17h KIND OF BUSINESS OR INDUSTRY Home Maker 13e.STREET ADDRESS / ZIP.CODE 525 S. 47th St. -21224 8223 Dorset Ave Ozarowski Balth. M. -APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COHNTY and that in Apy) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 9000 FRANKLIN SQUARE DRIVE 21237 STATE COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John (. Miller Inc-6415 Belair Rd.-21206

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2h HOUR

1:10P M

IF LINDER 2 CHRS

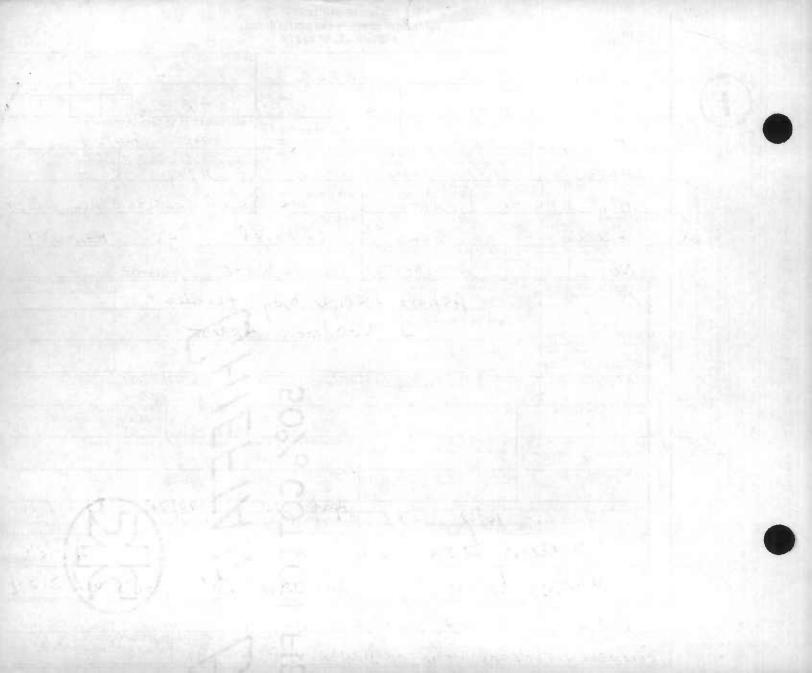
1984

IF LINDER LYEAR

2a. DATE OF DEATH

	1191-82-0	thite	Female
72	11/1/2000		
	×	N.S. M.	ialto, ici
one rien	re lospital	Franklin Squa	altimore
525 5. 474 54-2124	×	alto.	M.
	ina		eter sa
ce (, (zarowa'i baltl )	st in one tand	0-12-312	ó

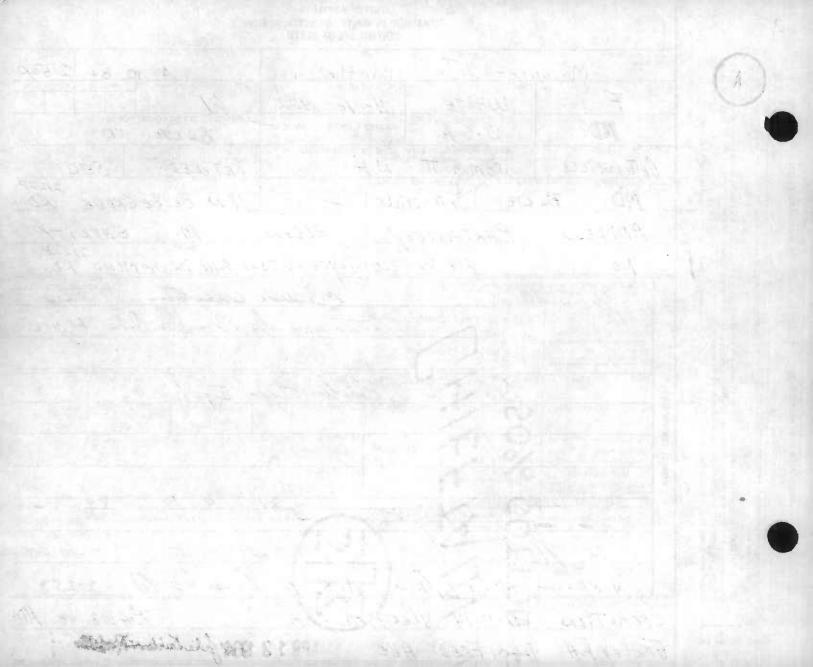
5	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE REG. NO.	0 4
		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
7 75	{ TYPE	CHARLOT	TE C.	BARBER	4.	- 03 - 84 M
13	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1 1 1		FEMALE	WHITE	2 14 1907	77 YE	MONTHS DAYS HOURS MIN,
11/16		RTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY	8	9. BALTIMORE CITY OR COU	
1 15 00		COUNTRY)	USA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	COUNTY MD.
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
		BALTO	FRANKL	IN SQUARE	TYPE OF WORK FOR MOST OF WORKIN	INDUSTRY
24 ho	13a S	AL RESIDENCE (IF NURSING HOME OR OTATE 13), COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORM  TY 13c. CITY OR TOVE  A A L T	VN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS	TON AVE 21237
1 12 100	14. F/	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	1010 1102 2103
p do		GEORGE	SOCK SOCK	S CARRI	E MAE	KENNEDY
= 0_	16a V	VAS DECEASED EVER IN U.S. ARA			ADDRESS	TENTURY
n ond c Poges	(	YES, NO OR UNKNOWN) (IF YES, GIVE	212-56	9727 DOLORES W	JHITE SAN	më e
hat the death certificate by the attending physici sose remove corbanapape I, cremation, or removal. other traumatic event,		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), o BY: E CAUSE (o)  DUE TO, OR AS A CONSEOL  (c)  DUE TO, OR AS A CONSEOL	& foreigh body	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed I	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART To
	IFIC					RTIFYING CAUSES OF DEATH?
ding physicion is certificate burial-transit Mental Hygier Metern 18 sho		?1g. ACCIDENT WAS UNDERLYING ☐  OR CONTRIBUTING ☐ CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	
E A A B	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
by the hospital or often ERAL DIRECTOR. After the detached for use as the State Dept. of Health and ANT: If them 21 is marked?	V	sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	ol) ottended the deceased from 19 yiew the body of the death.	DEGREE ATTENDING PHYSICIAN	deoth occurred on the date and	hour and from the causes stated  22c. DATE SIGNED
Provinced CO FUN	23a. E	22d. PHYSICIÁN'S NAME (1YPEOR MARCOS SURIAL, CREMATION, REMOVAL	Levir	NAME OF CEMETERY OR CREMATORY	e Are As	lto wed 21221
ВР		BURIAL	4/6/84	ROSE HILL CEM.	CITY OR TOWN	ERS TOWN MD.
HMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR NAME ONNELLY FUI	ADDRESS		TE REC'D. BY REGISTRAR TO REC	Jamason-Randell



DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND. DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Margare IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX STATE OR FOREIGN LBALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY co. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR IB. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! SEC. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MMI TIRED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b\_CQUNTY CITY OR TOWN 13d. INSIDE CITYLIMITS? 130. STREET ADDRESS ATONSVIL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME GARRE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR INKNOWN) (IF YES, GIVE WAR OR DATES) 214-20-5300 DRUMMOND APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG PART 2. OTHER SIGNIFICANT CONDITIONS 196 DATE OF OPERATION 196: CONDITION FOR WHICH OPERATION WAS PERFORMED 20e ALITOPEY 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 21s. ACCIDENT WAS UNDERLYING TIS TIME OF INJURY TIL HOW INJURY OCCURRED. LENTER WATURE OF HURSY IN TEM 18, PART 1 OR PART ZI 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING [ ] CAUSE OF BEATH 19 IN EITHER, NOTHY MEDICAL EXAMINER. 114. INJURY OCCURRED 21e PLACE OF INJURY III. LOCATION CITI DATEWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) 379663 22s.1 certify that (I) (this harpital) attended the deceased from March and that in Imy Last opinion death occurred on the date and hour and from the cause stated view the body atter death 275 SIGNATURE DEGREE 22L DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN FORECTOR PHYSICIAN MPORTANT THE PHYSICIAN'S NEME I HAVE ON HEIGH 22# ADDRESS d b 23s BURIAL CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION 73b: DATE CITY OF YOM'N BP. 25g. DATE REC'D. BY REA 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)



Mitchell-Wiedefeld Home, Inc. Balto. Md.21212

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG		G. NO.		
N		EASED NAME	FIRST	,	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	2b. HOUP
J	(TYPE	OR PRINT)	IARGARE	T	A.		BECK	Apri			8:00 P.M
	II. SEX	(	4	RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS
		Female		White		001		84	YRS.		
2		RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
2		Maryland		U.S.	A.	WIDOWE		Baltin	nore Cou	inty	MD.
P	10. ⊂1	Catonsvil		(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREET SSLING C	T ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUI (TYPE OF WORK FOR MI Homemal	OST OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
$\leq$	dsuz	L RESIDENCE (IF NURS		2	GIVE RESIDENCE BEFOR			Г пошелят	rer	OWI	Home
5	13a. S	Maryland	Balti	Y	Catonsv	VN	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRE	ss / ZIP CODE Vessline		e 21228
12	FA	THER'S NAME	441	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME	ı F	LAS	1
R	/	Frantz	74.1	R.	Toel	le	Anna	Midd			oeckel
1		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC	URITY NO.	17 INFORMANT	A	DDRESS 311	O Elmme	ede Road
r	(1	No	(IF YES, GIVE V	WAR OR DATES!	220-46-	6270	Jack F. Bed	ck	Ellicot		, Md. 210
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY	line for (a), (b), a	nd (c).	1/esta . F.	anillate	2	BETWEEN	MATE INTERVAL ONSET AND DEATH
		4110	IMMEDIATE				0 11 -	1. 0	,	77.77	, , ,
		Conditions, if ony,	which	DUE TO, O	R AS A CONSEQU	JENCE OF	resulty il	myo. In	herrin	3 M	emth
		gove rise to immo	mediate ng the	DUE TO, O	R AS A CONSERV	ENGLIOF	1 - Mate	(Ferri	L	5.6	use
	7			ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	EN IN PART 10	
n	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	-	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING CAUSES	
4	TIF	0			0			YES NO		S 🗌	NO 🗌
A	CEK	210. ACCIDENT WAS UNI		21b. TIME O		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM TO F	PART I OR PART 2)	
	EDICAL	OR CONTRIBUTING [		P.		19					
	MEDI	214. INJURY OCCUR	HILE	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE.	FARM ETC ]	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		22a i certify that (I)		1) attended th	ne decensed from	Fel-	28 10 79	to fin	W/12	1084	that (1) (we) last
		sow the deceos obove, (1) (we) (	ed plive on_	3-20	190	PY	nd that in (my) (our) opinion	death accurred on t	he date and hou	ond from the	couses stated
		22b. SIGNATUR	6 6	X	a n	10	DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED 7 & 4
1		22d. PHYSICIAN'S IN	AME (TYPE ON)	""""		<u> </u>	PHYSICIAN 226 ADDRESS	DIRECTOR   PH	YSICIAN	1///	
		Kyle S	wisher				St. Agnes Me			timore	Md.
		SURIAL, CREMATION,	REMOVAL	23h. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	VN .	COUNTY	STATE
		Burial		4/16		iorrai			llawn		Md.
	24	1630 E dmon	dson A	C. Witz	ke Funeral Ca tonsvill	Hone Md.	21228 AP	R 16 198	4 Julia L	- · · ·	fandell.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO ISADORE MAXMIDDLE DECEASED NAME 20. DATE KNOWN 75 HOUR ESTI-DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 1913 71 DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Baltimore County New Jersev U.S.A. LE CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Retired U.S. Army Lt. Col. Rossville Franklin Square Hosp. SUAL RESIDENCE (IF IN NURS IN 10 ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI **ULCOUNTY** 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5921 Ayleshire Road Baltimore Maryland YES & IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Julia Belba Kozma Peter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 281-03-1095 Dorothy M. Belba 5921 Ayleshire Road WW II Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY CLEROTIC CARDIU OR REMOVAL. IMMEDIATE CAUSE AR DIJZASS Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, FTC ) CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE! B. HELLINGE, MARYLAND, 21201 22a. I certify that I walk charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Apr. 11,1984 Arlington National Arlington BP Virginia 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR **DHMH - 17** wia Davidson (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland 20M 4/82

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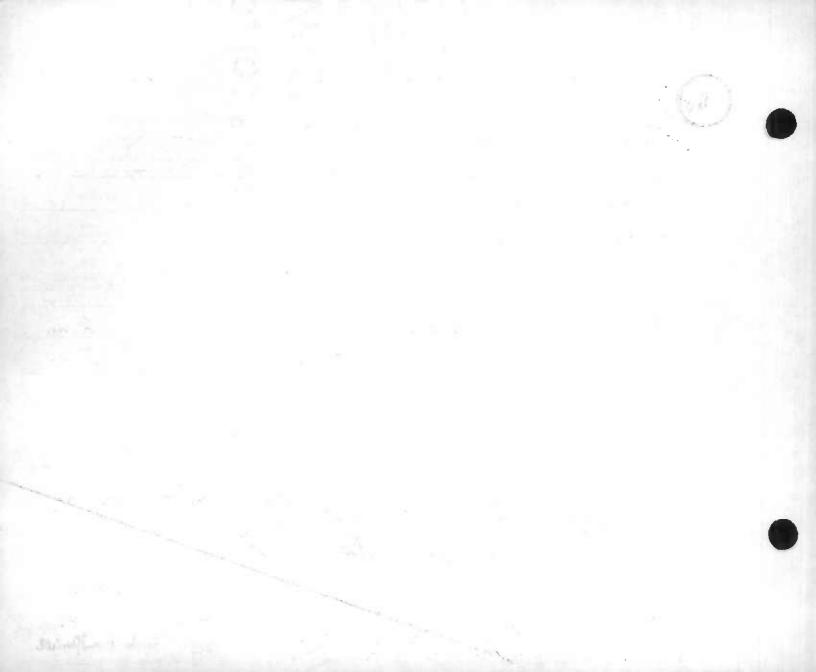
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5	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTÄL HYG ICATE OF DEATH			
-	DEC	EASED NAME FIRST	MIDDLE		AST	REG. NO.	DAY YEAR	2b. HOUR
=		OR PRINT) PEAR	T	BISS	ON	April 25, 198	24	8:15
(.)	3. SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24.
§ A )		Female	White	May		89 YRS.	MONTHS DAYS	HOURS
1/0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
5 6 /	*	GA	USA	WIDOWE	DINORCED	Baltimore C		
90		alto. 21212	NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Armacost	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sales Clerk	126. KIND C INDUSTRY Retai	OF BUSINESS
	13a. S	ALRESIDENCE (IF NURSING HOW FO TATE	NTY 13c CITY OR	BEFORE ADMISSION) TOWN	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 1218 Walker	Ave. 2	1239
200		THER'S NAME			15. MOTHER'S MAIDEN NA	ME		
1 200		John Thor			Nancy	WIDDLE	Brown	
8 0 7	láa V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
Pog	11	res, no or unknown)     IF yes, Gi	(VE WAR OR DATES)	1 7218	Mrs. Phyll	is Seidel, Sa	me	
ale remave carbo ol, crematian, or re r other traumatics		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	4300	D		20,	yn
e-mit. Then please remove carbo e-pitol to burial, cremption, ar is ri amy injury, at other traumatics	FICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF	Ugo +	IN CER	ES, WERE FINDI	NGS USED OF DEATH
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Aramai permi. Then please remave carbo of Hygiene pulo; to burcal, cremation, or ii n. 18 Maws any injury, or other traumatic s	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTION  19b. CONDITION FOR W  21b. TIME OF INJURY  ANDUR A.M. MONTH	SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR	Nys PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED OF DEATH
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e as the bundintainst permit. Then please remaye carbo alth and Merida Hygiene prior to burial, crewation, ar is marked or tem 18 Mays any injury, or other traumatics.		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  AT WORK NOTE AT WORK	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W.  AND ALM. MONTH  21b. TIME OF INJURY (AI HOME, STREET, FACTORY, C)	SEQUENCE OF  G TO DEATH BUT  /HICH OPERATION  H DAY YEAR  19	PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY? 200 IF Y YES NO X  RED (ENTER NATURE OF INJURY IN ITEM II	ES, WERE FINDI TIFYING CAUSES YES B PART 1 OR PART 2)	NGS USED S OF DEATH NO
of for use as the bund-transit permit. Then please remave carbo  1. of Health and Mental Hygiene prior to burial, crewation, or sin  7. is marked or term 18 Mays any injury, or other traumatics.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (I) (this hosp sow the deceased alive above, (II) (we) (did) (did a governor).	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19h CONDITION FOR W  21h. TIME OF INJURY (AI HOME, STREET, FACTORY, C)  21cl. PLACE OF INJURY (AI HOME, STREET, FACTORY, C)  21cl. PLACE OF INJURY (AI HOME, STREET, FACTORY, C)  21cl. PLACE OF INJURY (AI HOME, STREET, FACTORY, C)	SEQUENCE OF  G TO DEATH BUT  /HICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? 200 IF Y YES NO X  RED (ENTER NATURE OF INJURY IN ITEM II	ES, WERE FINDI TIFYING CAUSES YES  B PART 1 OR PART 2)  COUNTY  1990  our ond from the	NGS USED OF DEATH NO STA
e detached for use as the bund-transit permit. Then pleate remove carbo State Dept. of Health and Meridal Hygiene prior to burial, cremation, or is NAT. If item 21 is marked or frem. 18 May it any injury, or other traumatic is		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINI 21d IN JURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in 22b). SIGNATURE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTION  19h CONDITION FOR W  21h TIME OF INJURY (AI HOME, STREEL, FACTORY, On the control of the ded) of the deceased of the control of the contr	SEQUENCE OF  G TO DEATH BUT  /HICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)	21c HOW INJURY OCCUR	200 AUTOPSY? 200 IF Y YES NO X  RED (ENTER NATURE OF INJURY IN ITEM II  CITY OR TOWN	ES, WERE FINDI TIFYING CAUSES YES  B PART 1 OR PART 2)  COUNTY  1990  our ond from the	NGS USED OF DEATH NO STA
hould be detached for use or the bund-transit permit. Then pisote remove carbo untit the State Dept. of Health and Mental Hygiene prior to buriol, clemation, or is MPORTANT. If hem 21 is marked or them 18 Mayor any injury, or other traumatic is	MEDICAL	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHITE AT WO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19% CONDITION FOR W  19% CONTRIBUTION  19	TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)  Trom  17  19  19  19  19  19  10  10  10  10  10	210. HOW INJURY OCCUR  211. LOCATION STREET  214 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (C) 220. ADDRESS 6610 Cross	200 AUTOPSY? 200 IF Y IN CER  YES NO X  RED (ENTER NATURE OF INJURY IN ITEM II  CITY OR TOWN  death occurred on the date and h  AIRECTOR PHYSICIAN   COUNTRY BIVE	ES, WERE FINDI TIFYING CAUSES YES  B PART 1 OR PART 2)  COUNTY  22c. DATE 4/2	NGS USED S OF DEATH NO The state of the stat
- > > -	WEDICAL MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINI 21d IN JURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in 22b). SIGNATURE  22d PHYSICIAN'S NAME (TYPE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19% CONDITION FOR W  19% CONTRIBUTION  19	TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)  Trom  17  19  19  19  19  19  10  10  10  10  10	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN ( 213. ADDRESS  6610 Cross  EMETERY OR CREMATORY	200 AUTOPSY? YES NO	ES, WERE FINDI TIFYING CAUSES YES  B PART 1 OR PART 2)  COUNTY  190  22c. Date 4/2  Balt  COUNTY	NGS USED OF DEATH NO That that (I) (we causes state

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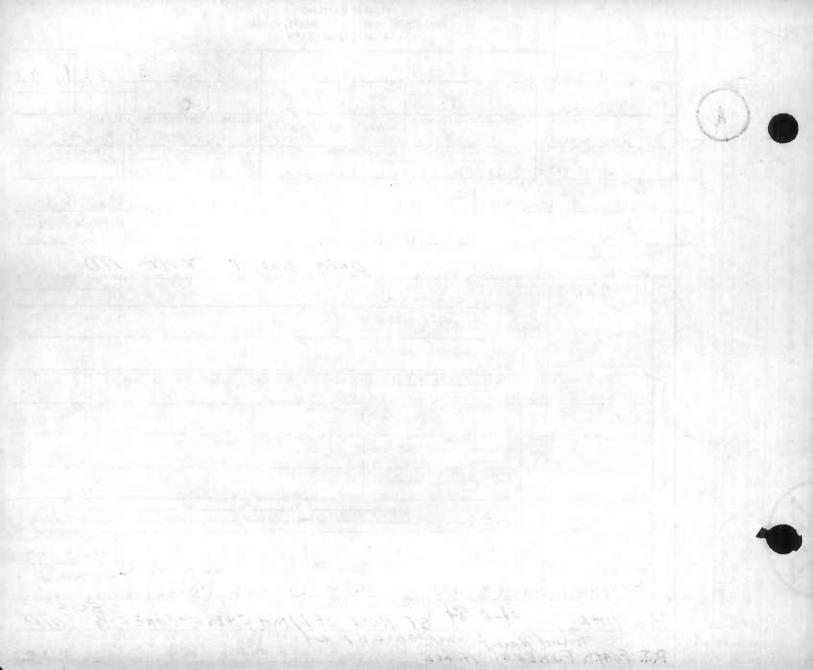
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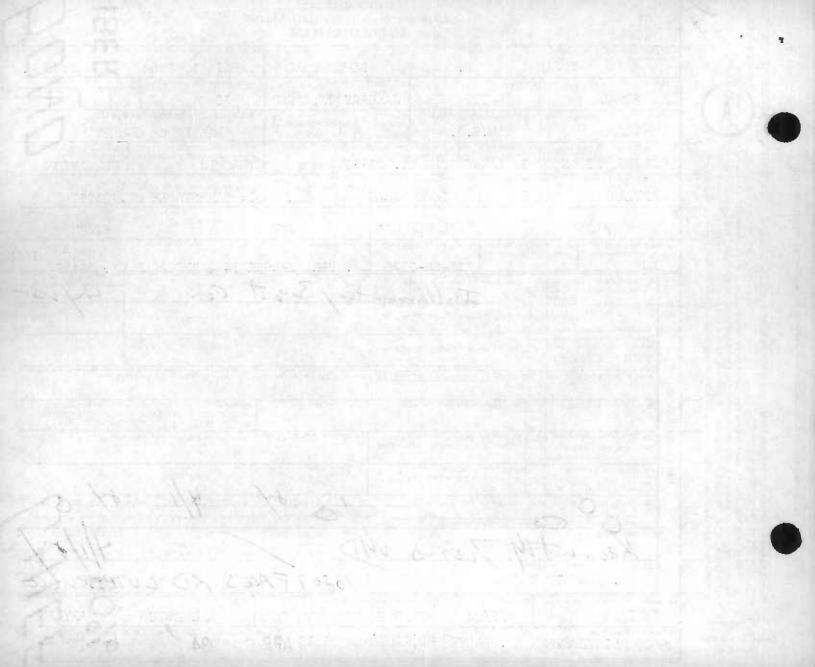
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4	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	6
4 moy be		CEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY  X  4. RACE  5. DATE OF BIRTH  MONTH DAY  VEAR  6. AGE IN VEARS LAST BIRTHDAY)  IF MONTH DAY  VEAR	YEAR 26. HOUR AM UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
ofter death. Page of within 23	7	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	FDEATH  MD.  12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 21201 into be executed within 24 hours off system and completely filled in by the pers. Pages 1 and 2 should be filled val. it, the medical examines must be edit	13a.	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  137. CITY OR TOWN  138. INSIDE CITY LIMITS?  139. STREET ADDRESS  YES NO   ATHER'S NAME  STATE  15. MOTHER'S MAIDEN NAME  THIST  THIST  MIDDLE  THE COMM  AND THE COMM  NOTE  THE COMM  THE COMM  THE COMM  NOTE  THE COMM  THE COM	Ster Rd
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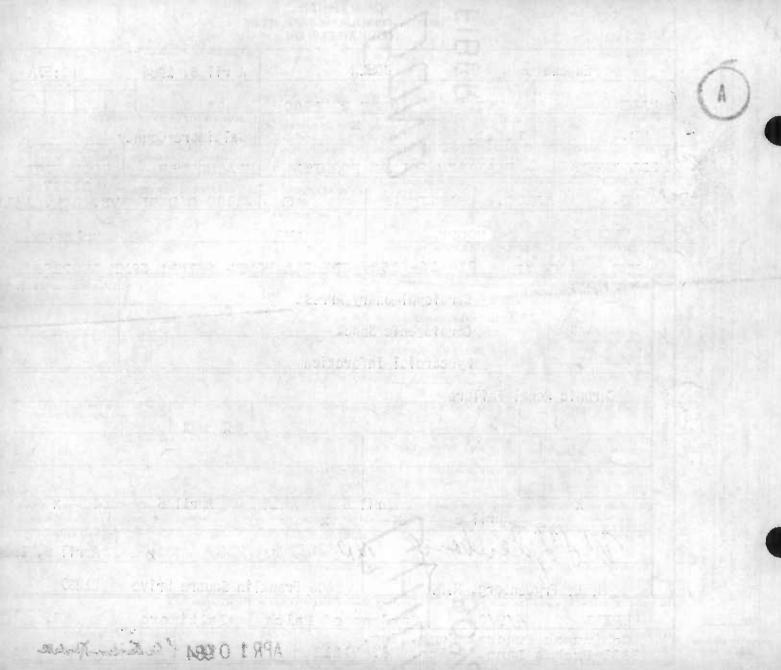


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JAMES SOMEN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

2b. HOUR

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

AONTHS DAYS

4:00A

IF UNDER 24 HRS

21206

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

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DIVISION OF VITAL RECORDS,

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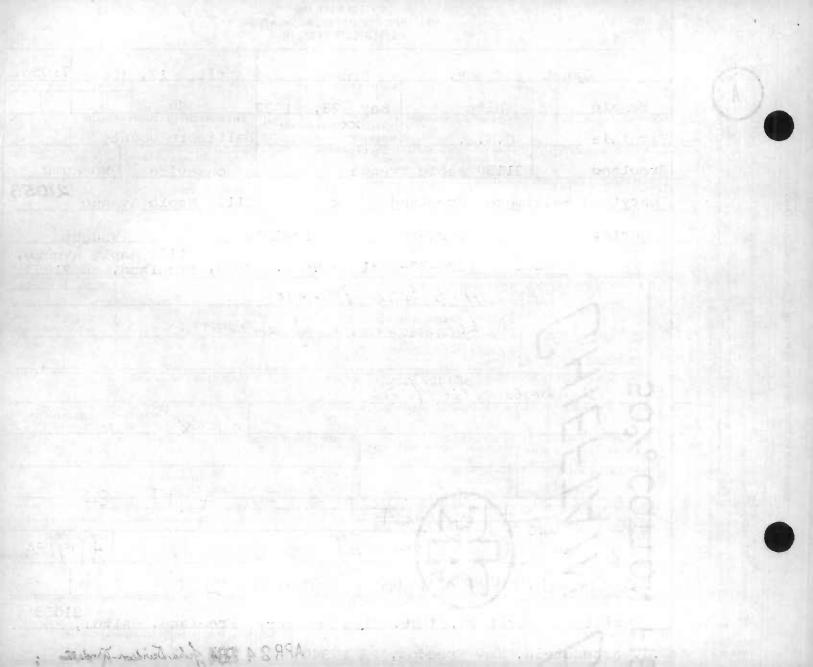
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REGISTRAR

I. DECEASED NAME

, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated Cremation 4-6-84 Greenmount Cem. BP Balto. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 John C. Miller Inv- 6415 Belair Rd. I lia Davidson-Randell (VRA 15, 4)

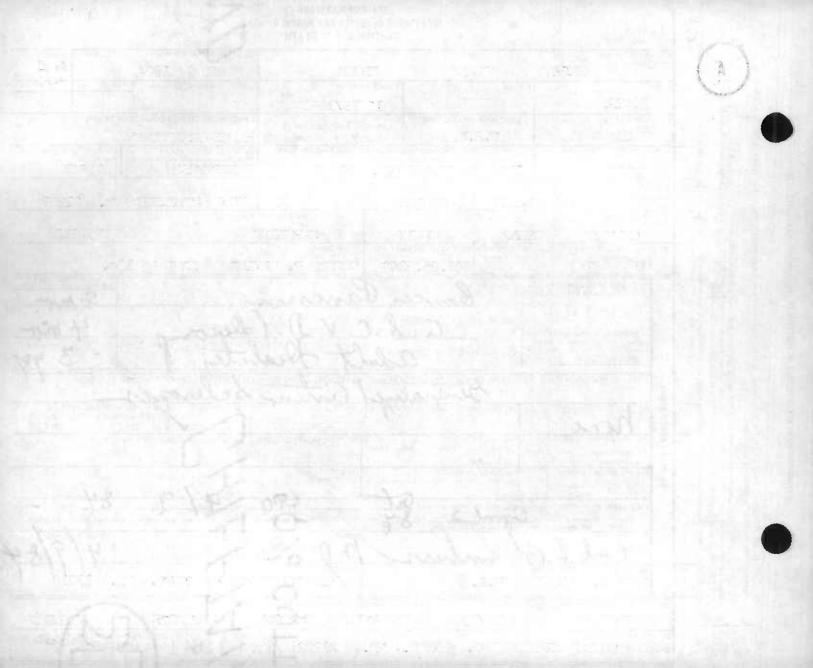
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

STATE OF MARYLAND

DESCRIPTION OF THE PROPERTY OF Marin Bern Heart, Linewee, dans

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STATE OF MARYLAND

1-	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG	NO.	3	1	LES.
	CEASED NAME	FIRST	٨	VIDDIE	L	AST	20.	DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(ITPE	OR PRINT)	ANNA	M	ABEL		BRUNK			04	13	84	11 45 PM
3. SE	X	- 4	RACE		5. DATE C		6. A	AGE (IN YEARS LAST	BIRTHDAY)	MONIN:	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
	FEMALE		WI	HITE	MONTH 9	26 05	-	80	YR:		DATS	HOURS MIN.
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	ATHER'S NAME	Balti	more	Pikesvi	riie	IS MOTHER'S MAIDEN		9106 Fie	la Ro	ad	2120	8 44
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14- 1	WAS DECEASED EV			16b SOCIAL SEC		Fannie	e	V.	DRESS		Sho	walder
(	YES, NO ORUNKNOWN)		WAR OR DATES)	212-36-		Jason Brui	nk.			ews.	Va.	23601
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GE	21a. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH [	DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF	INJURY IN ITEM	TB PART 1	OR PART 2)	
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	sow the dece	osed olive on .	view the body	-/3-19	84 .01	nd that in (my) (our) opin	nion deat	th occurred on th	e date and	hour ond	from the	couses stated
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			En	Alph	1	ATTENDIN PHYSICIAI	N D	RECTOR PHY	SICIAN		04	-13-84
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	1		22e ADDRESS			May 1		1	0
		N PHI	R.D.	PATE				TENNO	Cos.	EN.	H	0 ST.
23a. l	BURIAL, CREMATIO		23b. DATE	, Wa	NAME OF C	River Menno Cemetery	onit	23d LOCATION		cou		STATE
	Buria	1 T	4/17/8	4	hurch	Cemetery		Newport	News			Virginia

DHMH - 16 50M 4/82 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

By REGISTRAR 256 REGISTRAR'S 19 NATIONAL PROPERTY OF THE PROPE

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DHAH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY sst.Comptroller Accounting 13e.STREET ADDRESS / ZIP CODE 823 Loyola Drive 21204 Perkins Alice R. Buchman - Same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT BELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 8 G, and that in (my) (auch opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 7401 Osler Drive, Towson, Maryland 21204 Pikesville.Baltimore.Maryland 1050 York Rd 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE 24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER 24 HRS

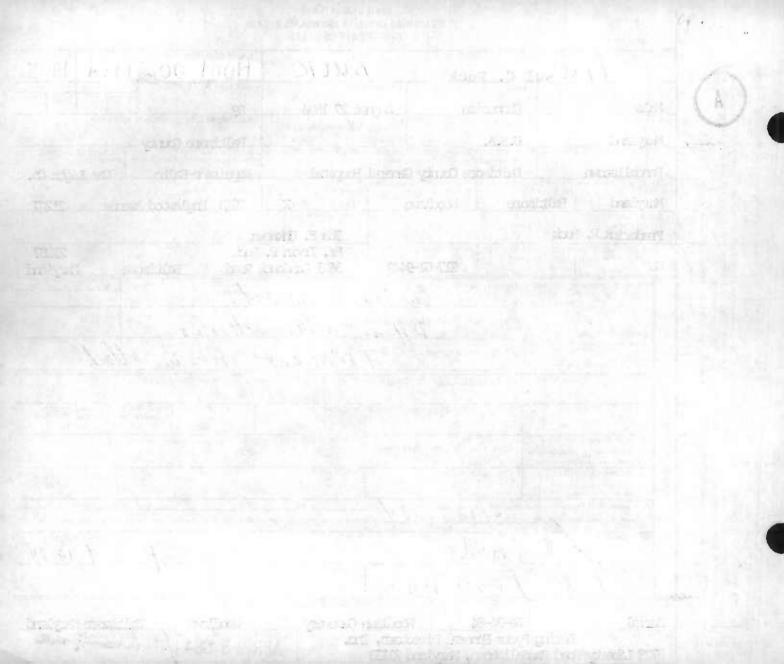
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8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

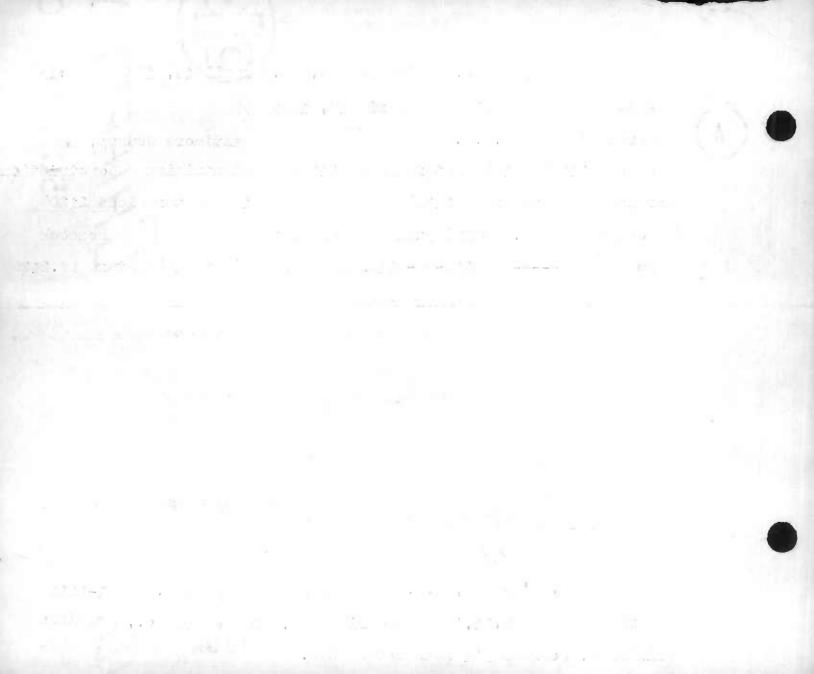
STATE OF MARYLAND



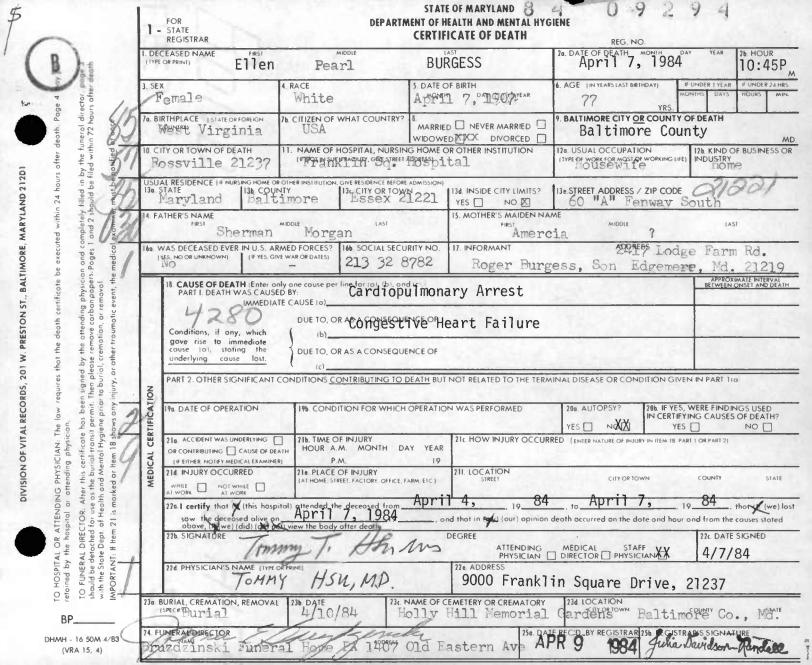
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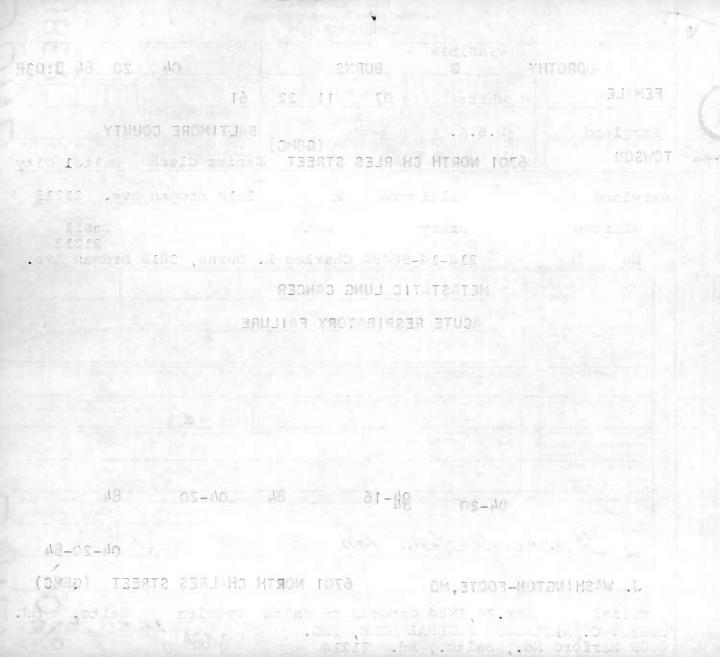


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0/21			Whi					61 9. BALTIMORE CIT	YRS.	V OF DEATH	
4	5	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED	NEVER MA			_		
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Par .		TY OR TOWN OF DEATH	(IF NOT IN SL	HOSPITAL, NURSIN	ADDRESS)			120. USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING L	IFE) INDUSTRY	BUSINESS OR
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that the ed by the slease re-		underlying cause last.	(6)	DR AS A CONSECU	ENCE OF						
ned plea		PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART 110	,
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beer mit.	AT	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	WAS PERFOR	MED	20a AUTOPSY?	20b. IF YE	S, WERE FINDING	GS USED
hos ne lo	Ħ							YES TI NOD		IFYING CAUSES (	OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The law requires that the death certificate be executed the standing physician and consist be used to stake burial-transit permit. Then please remove carbon papers. Pages the ned Mental Hygiene prior to burial, cremation, arremand.  or the Busial-transit permit. Then please remove carbon papers. Pages the ned Mental Hygiene prior to burial, cremation, arremand.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF	_	h	
PHYSICIAN: ending physicians this certificate burial-transford Mental-transford Americal Hamiler 18		OR CONTRIBUTING CAUSE OF DE	AIN	A.M. MONTH D							
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DING P or other is as the alth and marked		AT WORK AT WORK	early resonated s	the deserved from	04-16		10 84	10 04-2	0	1084 11	hat (I) (we) last
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haspit haspit hed for ept. of them 21		abave, (I) (we) (did) (did no	at) view the bad	y ofter death.		DEGREE				22c DATE S	
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by the ERAL State State		274 PHYSICIAN'S NAME (HIPE	runge	NOTEGY	6		YSICIAN [		SICIAN (	04-20	-84
HOSPITAL hined by the FUNERAL build be det h the State		0	0								
TO HOSPITAL retained by th TO FUNERAL should be deta with the State		J. WASHINGT	ON-FO	TE MD				1 CHALRE	S STR	EET (G	BMC)
F	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.		EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial		4,1984			Faith	Overle	a	Balto,	Md.
DHMH - 16 50M 4/83	2 R	BERTECE. ALTI	ENBURG	FUNERAL			25a. DATE	REC'D. BY REGISTE	AR 25h REGIS	TPAR S SIGNATU	sindell
(VRA 15, 4)	6	009 Harford I	Rd., B:	alto., M	id.	21214	4.5	4 4 3 BB	10		0 7



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTACHYG	ENE
CERTIFICATE OF DEATH	

REGISTRAR I. DECEASED NAME 26. HOUR ISRAEL Burtnick Herman April 10, 1984 B:20 a 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3. SEX JUNE 30% 1924 MALE WHITE 59 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIEN NEVER MARRIED MARYLAND USA Baltimore County WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176. KIND OF BUSINESS OR CITY OR TOWN OF DEATH TRUCKING FRANKLIN SO. HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MARYLAND UN COUNTY 13d. INSIDE CITY LIMITS? 131 STREET ABORESS ON STIP SODE #21217 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME NA'THAN MORRIS BURTNICK SADIE LEVIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. SCOTT CLAFFERTY (IF YES, GIVE WAR OR DATES) 728 MANSFIELD RD. BALTO., MD YES WWII-ARMY APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

Multiple Over Multiple Organ Failure IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Sepsis Conditions, if ony, which gove rise to immediate cause (a), stating Metastatic Rectal Carcinoma underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 270.1 certify that (this haspital) attended the deceased from March 5 84 sow the deceased alive on April 10 24 and that in (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUE 22c. DATE SIGNED DEGREE

22d, PHYSICIATE NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN . PHYSICIAN

BALTIMORE

B.Jagiello, M.D.

23c NAME OF CEMETERY OR CREMATORY APR.12,1984 | HEBREW FRIENDSHIP

9000 Franklin Square Drive 21237 23d. LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

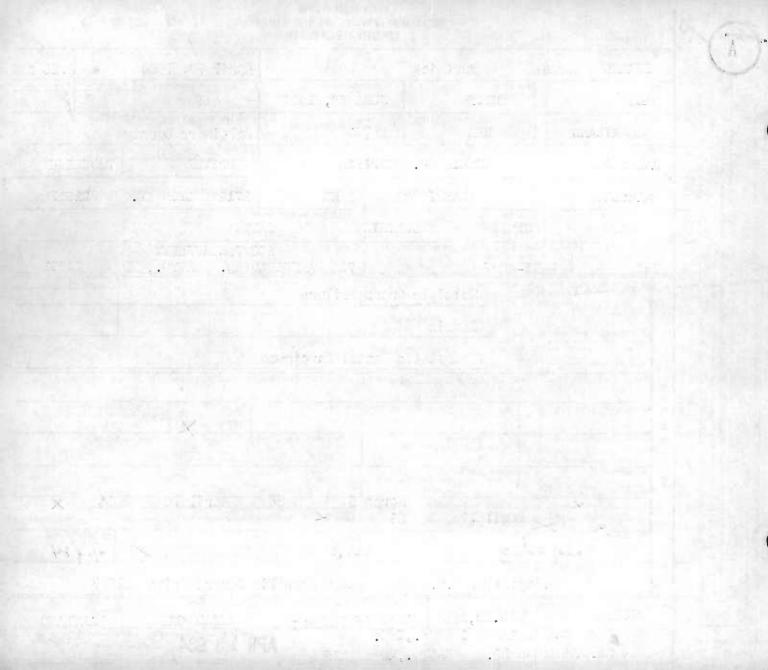
24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

236. BURIAL, CREMATION, REMOVAL 236. DATE

ISPEBURTAT.

SOL LEVINSON & BROS., INC. BALTO. MD 21215

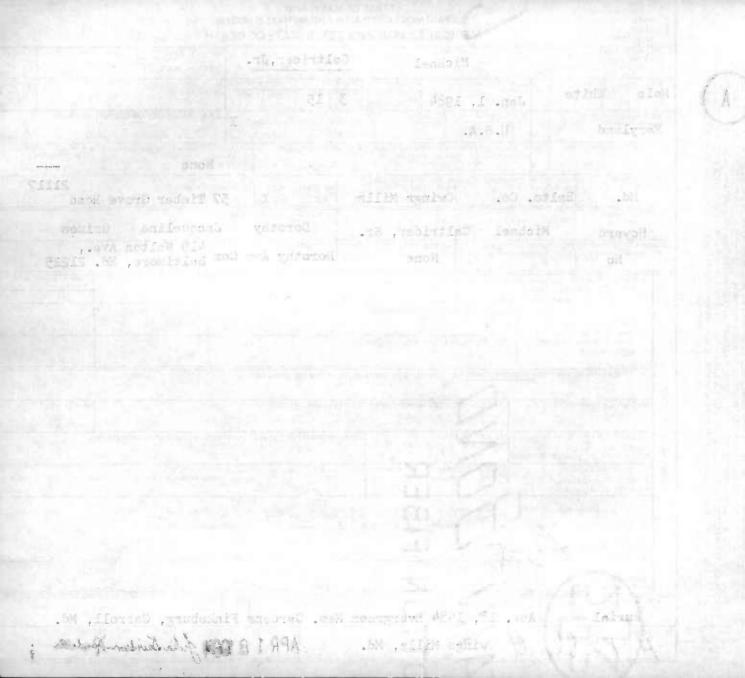
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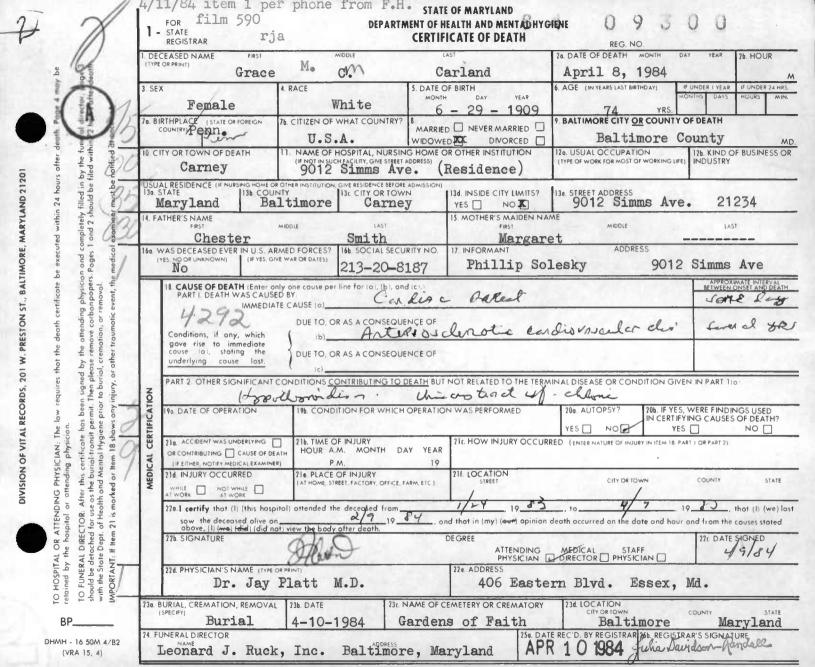
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	85.55	Ma Ma		AN	ATE OF BIRTH	YEAR	6. AGE (IN YEAL		DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	ICFD	MONTH	DAY YEAR	10:21
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	BASSA	I/	aryland		U.S.A.	•	5 1 2	WIDOW	ED 🗆	DIVOR	ED D	Bal	timore	e Cour	nty	MD.
	SER FE	10. CI	TY OR TOWN OF DEATH	11.	NAME OF HO		RSING HOME,	OR OTH	ER INSTITU	TION	120. US	MAL OCCUP	ATION (TYP	PE OF WORK	12b. KIND OF BI OR INDUST	JSINESS IRY
	AP A TO CO		andallstown		Baltim	ore C	ounty C	en.	Hosp.			None None			(man)	
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2120	SERGED O		Md. Ba	lto.	Co.	Owin	gs Mil.	ls	YES 🗆	NO X	6	7 Tin	ber G	rove		
QV.	TOWNS 17/	14. F/	ATHER'S NAME	AAIT	ODLE		LAST		15. MOTH	ER'S MAID	ENNAM		IDDLE		TAST	
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BALTIMORE	AFTER SIVE PA H FOR AGES I		ES, NO, OR UNKNOWN) (IF Y	ES, ONE WAR	ON DATES)	No	ne		Dorot	tny A	nn G	ox Bal	timor	e, Md	. 21225	
	URS AFTER DEA B. GIVE PAGES WITH FORM IT. PAGES AN DIVISION OF N		18 CAUSE OF DEATH (E	nter anly an	e cause per lin	e far (a), (b)	, and (c).)	837							APPROXIMA BETWEEN ONS	TE INTERVAL
N S	24 HO ITEM 1 LONG PERMI GIENE		PART I DEATH WAS C	CAUSED BY: MEDIATE CA	AUSE (a)	udden	Infant	: Dea	th Sy	mdror	ne					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALLONG WE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRÍOR TO BURIAL, CREMATION, OR REMOVAL.		1780		DUE TO, O	R AS A CON	ISEQUENCE O	F									
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201	N SIAL		lying coose idsi.		(c)											
SOS	AAN BENEVER		PART 2 OTHER SIGNIFICANT CON	OITIONS CONTR	IBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	IAL OISEASI	OR CONDITIO	N GIVEN IN PA	ART 1 (a)					
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۵	NER: THIS CERT CATE, WRITING FORWARDED FOR: PAGE 3 SH THE STATE DEP/ AND, 21201 PRÍ	1	AT WORK AT WORK													
	NER: T CATE, FORW TOR: P THE ST AND, 2		22a I certify that I tool	k charge of	the remains de	escribed aba	ve, held an	Autap	sy X.	Inspectio	ın [].	Inquiry	O gr	nd in my ap	inian	
	EXAMINER: CERTIFICATION BE FOR		death resulted fram:	National ca		Accident		ide 🔲	Hamie			ermined mo		, , , , ,		
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The same	AL AL		ACTUAL SIGNATURE	1	4)			- м	D Assi	stant	MED	ICAL EXAM	INER	DATE	<sub>D</sub> 4/17/	84
	DEA STATE	-	EXAMINER'S NAME	/	1											
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE F TO FUNERAL DIRECT AFTER DEATH WITH THE BATTMORE, MARYLAI		(TYPE OR PRINT)	Gregoi	ry R. K		an, M.D				Penn	St.,	Balto	., Md	. 21201	
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	DHMH - 17	24. FI	INERAL DIRECTOR	0 1	1 NODES	S 142	11 - W			25a. DATE	REC'D. BY	REGISTRA	1.	ISTRAR'S S	IGNATURE	4
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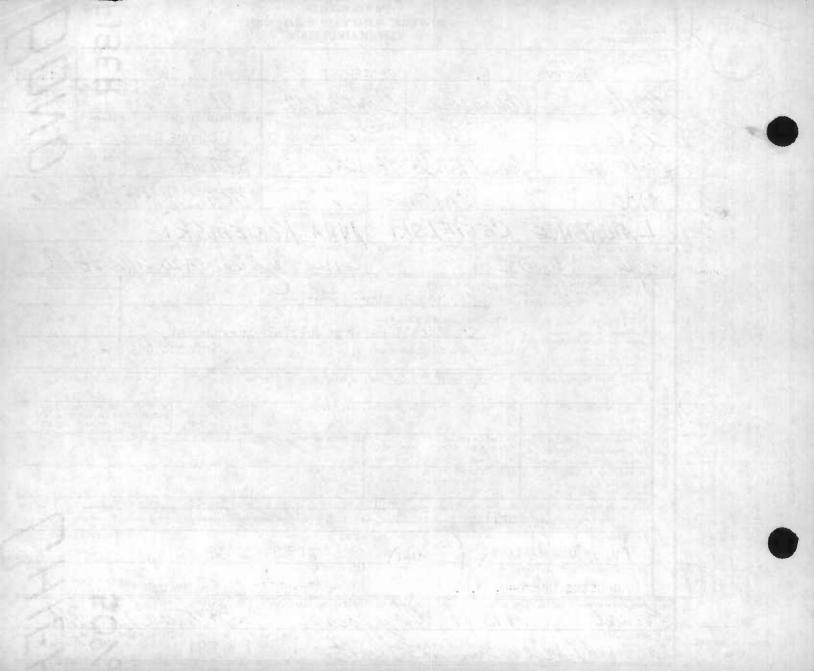
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 SEX To BERTH TO CHARLES TO CHAR	Harry  ALL  PLACE ATT-TILDEFORM  DE TOWN OF DEATH  THE SIDENCE IN HUMBER HOW THE OF	Hankling	MARREDALI NEVER MARR WIDOWED DIVORS NG HOME OR OTHER INSTITUT	A AGE INTERESTRATE  A BALTIMORE CITY  Baltimor	1984  REMARKS MOUNTS OF DEATH OR COUNTY OF DEATH OR COUNTY	11:45AM
To BRITH COST	Harry  ALL  PLACE ATT-TILDEFORM  OR TOWN OF DEATH  THIS IS TO THE TOWN OF DEATH  THIS IS TO THE TOWN OF DEATH  THE SIDENCE IS HURSIMO FOR THE TOWN	CHIZEN OF WHAT COUNTRY  I NAME OF HOSPITAL, NURSI  WANT WILLIAMS OF SOM	S. DATE OF BIRTH  SUBSTITUTE OF BIRTH  MARRED DIVER MARR WIDOWED DIVORS NG HOME ON OTHER INSTITUTE	A AGE INTERESTRATE  A BALTIMORE CITY  Baltimor	YRS PEATH	EAN FUNDER SAHEL
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	S DECEASED EVER IN U.S. ARM	ED FORCES? IM SOCIAL SEC	Harry	Oscilski 34	20 follers o	4 Rd
g	inditions, if ony, which gave rise to immediate ause (a), stating the nderlying cause last.	DUE TO, OR AS A CONSEQU	tions from mul	tiple myocardia infar	nl rctions	
	KPAWITA LA			THE TERMINAL DISEASE OR CO		
CERTIFICATION 130	DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORME	YES NO NO	206. IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?
0.0	(I, ACCIDENT WAS UNDERLYING TO RECONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH E P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)
W WE	MHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR T	TOWN COUNTY	STATE
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	Augustus ()	remen ()	PHYS	IDING MEDICAL STA	AFF	ate signed 11 9, 198
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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				STATE OF MARTLAND		
72	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL YGI CERTIFICATE OF DEATH	ENE 9 ,	303
1	1.05	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e #		OR PRINT)	(	( la le red	4	21 54 1000
nay be page 3 rr death	3 SE	LICHARA	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2000	1 k	nale	wh. te	MONTH DAY YEAR	68 YR	MONTHS DAYS HOURS MIN.
Po di più	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	INTRY? 8	9 BALTIMORE CITY OR COUN	
deoth.		Martland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	County MO.
offer of the	þ	I Casuille	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS)  Regel Pikesville	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	(126. KIND OF BUSINESS OR INDUSTRY
hours Be fill	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDER	ICE BEFORE ADMISSION)	1101	eur
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within a sale	JA F	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN NAM	MIDDLE	1AST
complied of	160	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCI	AL SECURITY NO. 17 INFORMANT	ADDRESS	1119-1
n and c	1		E WAR OR DATES)	057964 Hospital	Chartlena	mally from patie
hysicio: sapers. ovol. nt, the		18 CAUSE OF DEATH (Enter on	ly one cause per line for to	, (b), and (c).)	J	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy propo		PART I. DEATH WAS CAUSEI	D BY: (CAUSE 10)	instort Failurd		
ding orbo		1539	V	NSEQUENCE OF /		
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physicion.  If the this certificate been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remave corbon-papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.  arked or them 18 shows any injury, or other traumatic event, the medical examplements the		Conditions, if any, which		static Colonie Ca	reinoma	
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sign Then to bu	Z					
been prior ony ii	CATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
0	<sup></sup>	D. + 1980	ollan fe	olon-Coloston-1	YES NOW	RTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
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4 a +		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR		
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NG PHY ottending of the but thand M thand M orked or	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR		CITY OR TOWN	COUNTY STATE
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TTEN pital TOR for u		saw the deceased olive on ohave (1 wel (did) (did no			eath occurred on the date and	hour and from the causes stated
hosp AT OR A		The SIGNATURE	view the body after deat	DEGREE		22c DATE SIGNED
0 . 0 . 0		-0	6-Ten	ATTENDING _	MEDICAL STAFF	1 21/22/04
RAL det	1	Thomas		PHYSICIAN	DIRECTOR PHYSICIAN	1/23/8/
HOSPITAL FUNERAL Sold be det th the State OORTANT:		224 PHYSICIAN'S NAME (119)	1	and and an	- (1	401.
TO HOSPITAL Cretained by the TO FUNERAL Dishould be detoo with the State DIMPORTANT: If		Momas h	- lent	LE. S. Gre	end Stree	T Deltimore M
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE	231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	4-24-84	Salem Cemetery	Hamostead	Balto Md.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		25a. DATE	PECID BY DEGISTRADIOS DEC	STPAP'S SIGNIATURE
(VRA 15, 4)	1	Eline Funeral Ho	me, Hampstea	d, Md. 21074	R 27 1984 July	a Davidson-Randelle

30) 1 5 01 3- NW 3 10 17 Wedley NED Baltimore Courty Person 118 000 m Honey Rost Exactly plants on Mayland Buldman & Record Pet 21208 Alberta & Chlook Elle May 21405 THEN MARGINE! Class + Consulty for place Respondent Failure more topic tolon to be armed Angel 180 Come at Color tolastony & Thomas E Tentel in 22 & brone Stort Ethere as Bild added hedgets in the state of the state At I was through the contract of the contract

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2(31)		CEASED NAME FIRST MARY		A		SHOLM	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 3- 84 7:48 PM
$\cup$	3.5E	EMALE	4. RACE CAUCAS		5. DATE O		6. AGE (INYEARS LAST B	YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
ment for	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	_	
the chart	724	WSON		HOSPITAL, NURSIN		PAL	HOUSEWIF	TION OF WORKING LIFE)	12h KIND OF BUSINESS OR INDUSTRY
tilled in		AL RESIDENCE (IF NURSING HOME OF	PIMORE	ROSEDA				DZIP PHII	21237 ADELPHIA RD.
4 130	). F/	JOHN	MADIE	DAVI	S	MARGARE'	r MIDRIE		BOHLEN
Poged to		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	21/1205		HARRY D.	CHISHOLM		LD PHILA. R
res that the death certification of the attending physical remove corban popularial, cremation, or remove ty, or other traumatic event,		PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  REAL PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O  (b)  (c)	OR AS A CONSEQUE	INCE OF	ARREST  ARTERY D		NDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES  YEARS
Clabs. The low regard physicals artificate has been as all-neutrin permit. The third thygiene prior to feel it shows any intuit	AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (16 ETHER, NOTHEY MEDICAL EXAMINE)	21b. TIME C			N WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFYI YES	
DING PHYS or otherding After this or solth and Me marked or th	MEDICAL	21d. INJURY OCCURRED  HILE NOT WHILE ALWORK  220.1 certify that (P(this has	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR 1	OWN 19	COUNTY STATE
OSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR fold be detached for a the State Dept. of He ORTANT If Hem 21 is		saw the deceased alive a above of (we) (alid) (did not be a second or second	or PRINT)	after death.	1 1	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL ST.	AFF ICIAN 🖺	220. DATE SIGNED 4-13-84
Bb OH OT OF OT TROUGHT		SURIAL CREMATION, REMOVA			NAME OF C	ST. JOSEPH A EMETERY OF CREMATORY CHURCH CEM.	23d LOCATION CITY OR TOWN BALTO		COUNTY STATE MD.
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	1	ADDRESS		25e DAT	E REC'D. BY REGISTRA	R 256 REGISTRA	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAR HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 2b. HOUR Christensen April 14, 1984 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS

VE AD

DIVORCED |

NO A

Uno Columne and is contacted

15. MOTHER'S MAIDEN NAME

Christine

13d. INSIDE CITY LIMITS?

YES []

17. INFORMANT

MIDDLE L DECEASED NAME [TYPE OR PRINT] Svend M. 4 RACE

3. SEX 6-9-06 DAY Male White

BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED

Denmark U.S.A. WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

0 CITY OR TOWN OF DEATH Chason's RoHa Farm, Hydes, Md.

Hvdes

FOR - STATE

REGISTRAR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE 13b COUNTY Md. Balto.

A. FATHER'S NAME

MIDDLE Hans

Christensen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN)

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.

19g DATE OF OPERATION

21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

DUE TO, OR AS A CONSEQUENCE OF

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE FARM ETC.)

13c CITY OR TOWN

081-20-0403

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

STREE 1

20a AUTOPSY? NO

Grete Christensen, Same as 13e

IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

Blenheim.

9. BALTIMORE CITY OR COUNTY OF DEATH

126 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE)
INDUSTRY METCHANT

21082

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

LAST

Hansen

Balto. County

Ret. Chief Stewart

13eSTREET ADDRESS / ZIP CODE Chason's RoHa Farm

MIDDLE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

STATE

NO [

22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

CERTIFICATION

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

S. Elliott Harris, M.D. 23a. BURIAL, CREMATION, REMOVAL

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DEGREE

8100 Harford Rd.

ATTENDING

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE 4-16-84

St. John's Lutheran

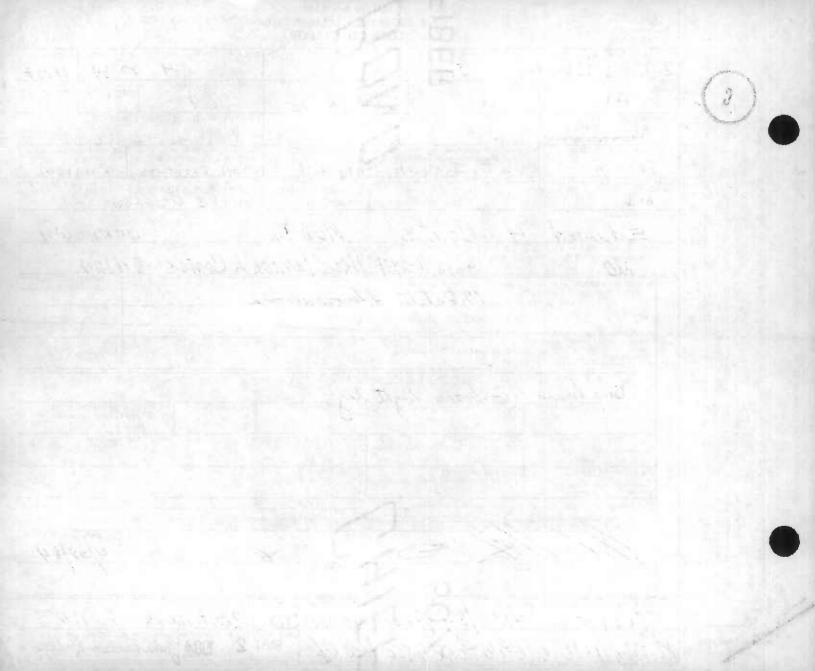
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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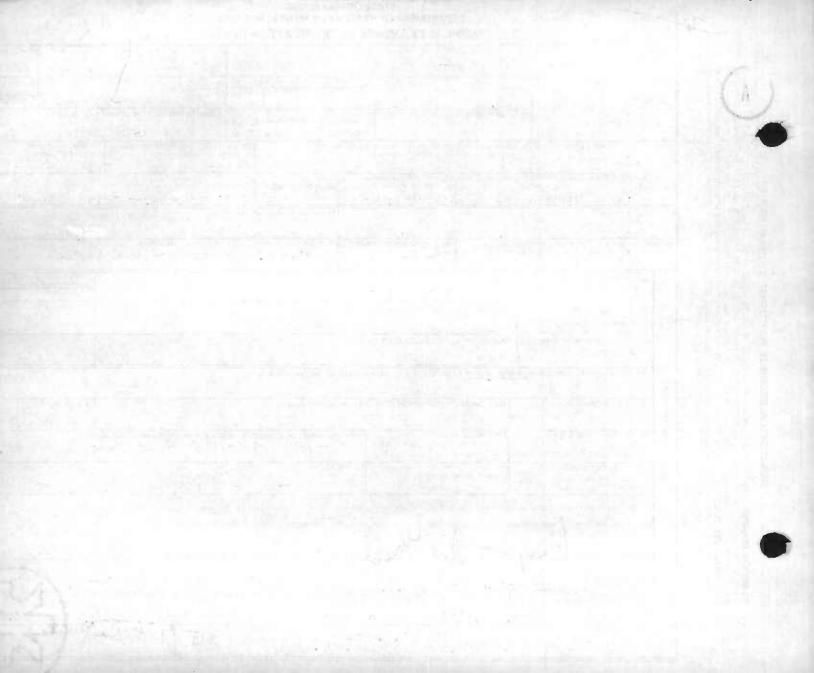
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# opp		EASED NAME				CERTIF	ICATE OF	1.0		0 9	5 0	Ò
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I		aryland		imore	Balti		YES	NO X			t Avenue	21206
a i	4.)FA	THER'S NAME	4				15. MOTHER	S MAIDEN N				
X	1	William	M	IDDLE	Clish			Cathe		MIDDLE	Doh	ler
1		AS DECEASED EVER IN				SECURITY NO.	17. INFORM			ADDRESS		
ı	IA	ES, NO OR UNKNOWN)	WW	WAR OR DATES)	220-05	-2118	Anna	Marie	Clisham	5802	East Av	e. 21206
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	z l	PART 2. OTHER SIGN	FICANT CO	ONDITIONS <u>CO</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TER	MINAL DISEASE	ORCONDI	TION GIVEN IN P	PART Ito:
	CERTIFICATION	190 DATE OF OPERATE	ON	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOF			FINDINGS USED AUSES OF DEATH
	CER	210. ACCIDENT WAS UNDE		216. TIME C		DAY VEAD	21c. HOW	NJURY OCCU	RRED (ENTER NATU	RE OF INJURY	NITEM IS PART I OR F	PART 2)
	AL	OR CONTRIBUTING CA		HOUR A.		DAY YEAR						
	MEDICAL	214 INJURY OCCURRE	D E	21e. PLACE (AT HOME, 510	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCAT			CITY OR TOWN	COU	INTY STA
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		saw the deceased above, (IXwe) (di 22b. SIGNATURE	d) (dy yot)	view the body	after death.		DEGREE	-		an me gare		DATE SIGNED
	0	226. SIGNATURE		2000	A4 .	0	DEGREE	ATTENUING	MEDICAL	STAFF		DATE SIGNED
		22d. PHYSICIAN'S NA	AE / TO CO	DDINITA	M. 3	D.	22e ADDRE	PHYSICIAN	DIRECTOR	PHYSICIA	N,X	
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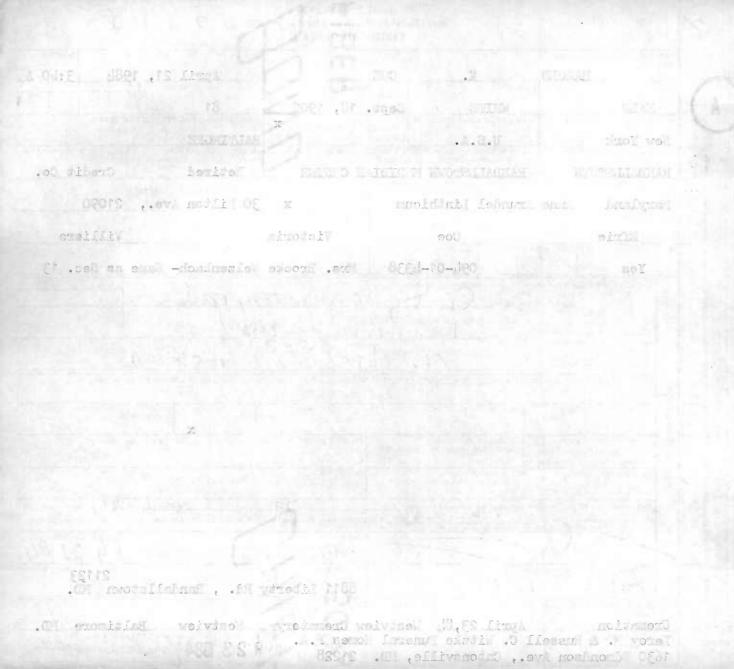


DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) Charles Cobb DEATH MATED Wayne 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 7d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 1984 L:35/ Feb. 23 1956 Male White 28 BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore near Rt 166 Self Employed Landscaper JSLIAL RESIDENCE (IF IN NUR THE NUME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1011 Cresthaven Drive NO [] Maryland Silver Spring 20903 Montgomery 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Charles Cobb Anna Wilderk 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAS OR DATES) 220-46-2182 Charles W. Cobb-father-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WILLIHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARRAND, 21201 PRORTO BURIAL, CREMATION, OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR Motorcycle driver/lost control/struck by auto. CONTRIBUTING CAUSE OF DEATH L: 30 xx 4-22-21e PLACE OF INJURY TATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1 NOT WHILE AT WORK  $\square_{XX}$ roadway -95 South Near Rt 166. Balto County. AT WORK 228. I certify that I took charge of the remains described above, held on Autopsy LXX Inspection Inquiry death resulted from: Homicide Undetermined monner Natural couses TITLE (SPECIFY) MDAssistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Penn Street, Baltimore, MD21201 Margarita Korel (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Silver Spring Montgomery Gate of Heaven Md. 25, 1984 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR A Day Com Hines/Rinaldi Funeral Home Silver Spring, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



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Martin D. Lawson, 10 W. Padonia Rd. 21093

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(VRA 15, 4)

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OF HEALTH AND MENTAL HYGIENE

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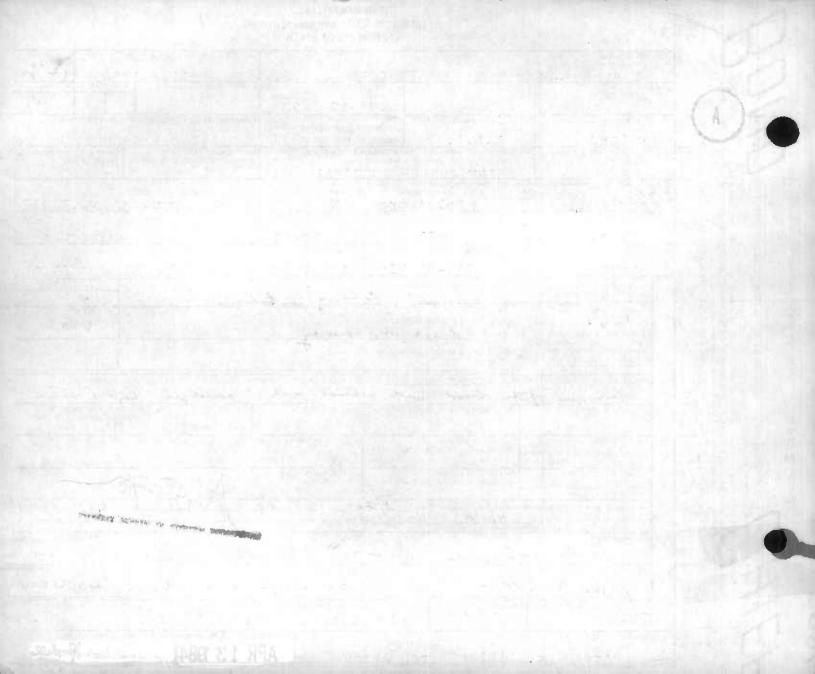
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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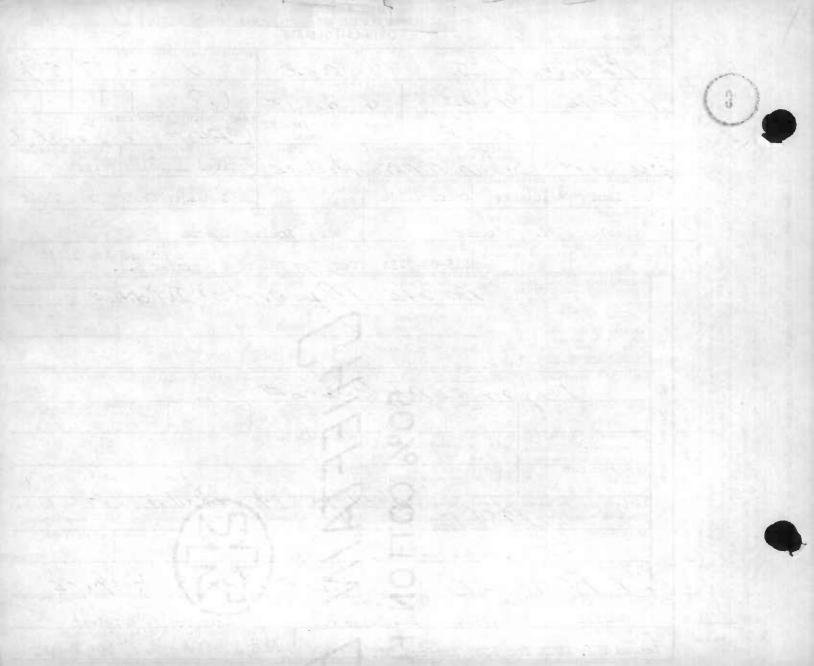
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Baltimore, Maryland

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STATE OF MARYLAND

FOR

(VRA 15, 4)

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STATE OF MARYLAND	1
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i
CERTIFICATE OF DEATH	

STATE OF MARYLAND	15	0	- 5	4	
PARTMENT OF HEALTH AND MENTAL HYGIENE	U	9	0	i	
CERTIFICATE OF DEATH		REG	. NO.		

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		8 MARRIE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	HEET,
		WIDOWE	DIVORCED	Baltimore	County	/	MD.
	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST OF	F WORK ING LIFE)	INDUSTRY	BUSINESS OR
AL RESIDENCE (IF NURSING HOME OF TATE 136, COU!	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 630 N. His	10-70		
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AL ACCIDENTANCE IN DEPLYING F	THE OF INDERV		121 1101/11/11/11/11	YES NOXX	YES [		NO [
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22d PHYSICIAN'S NAME	Well WO		ATTENDING PHYSICIAN			4/19	fry
				in Square D	Orive, 2	21237	
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	Male  ITHPLACE (STATE OR FOREIGN  OUNTRY)  Va.  YOR TOWN OF DEATH  altimore  L RESIDENCE (IF NURSING HORE OF  TATE 133, COUT  THER'S NAME FIRST  Otis  AS DECEASED EVER IN U.S. AR  ES NO OR UNKNOWN) (IF YES, GT  NO  18 CAUSE OF DEATH (Enter or  PART I. DEATH WAS CAUSE  OF DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate couse (o. stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (IF EITHER NOTHY MEDICALEXAMINE)  19a DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTHY MEDICALEXAMINE)  21d. IN JURY OCCURRED  WHILE OF OPERATION  21d. IN JURY OCCURRED  WHILE OF OPERATION  22d. PHYSICIAN'S NAME GORDON HAIR  BURIAL, CREMATION, REMOVAL  PECIFY)  BURIAL  PRERAL DIRECTOR	EASED NAME FIRST HARMON  Jerry Harmon  4. RACE  White  White  The Citizen of what country?  U.S.A.  YOR TOWN OF DEATH  altimore  I. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TATE  13b. COUNTY  ATYLAND  THER'S NAME  HIRST  Otis  Coope:  AS DECEASED EVER IN U.S. ARMED FORCES?  IS OUR UNKNOWN)  IF YES, GIVE WAR OR DATES)  TO METAL DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate cause per line for Io), (b), on PART I. DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate couse Io. stating the underlying couse lost.  Conditions Countributing Due to, or as a consequence of the country of the count	EASED NAME  Jerry Harmon  COOF  A. RACE  White  S. DATE  MOUNTRY  Va.  WIS.A.  WITHPLACE (STATE OR FOREIGN OUT IN THE COUNTRY)  Va.  YOR TOWN OF DEATH  Altimore  I. NAME OF HOSPITAL, NURSING HOME OF ORDITION SUCH FACILITY, GIVE STREET ADDRESS)  IATE  ASED CAUSE OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SINCH FACILITY, GIVE STREET ADDRESS)  IATE  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SINCH FACILITY, GIVE STREET ADDRESS)  IATE  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SINCH FACILITY, GIVE STREET ADDRESS)  IATE  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SINCH FACILITY, GIVE STREET ADDRESS)  IATE  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SINCH FACILITY, GIVE STREET ADDRESS)  IATE  III. NAME OF HOSPITAL, NURSING HOME OF ORDITION SOLD SINCH SECURITY NO.  210-54-2406  IB. CAUSE OF DEATH IENTER ONLY ONE COUSE PER IN U.S. ARMED FORCES?  III. DEATH WAS CAUSED BY:  Cooper  AS DOCK UNKNOWN)  III. NAME OF HOSPITAL, NURSING HOME OF ORDITIONS CONTRIBUTING TO DEATH BUT  Conditions, if ony, which gove rise to immediate couse per line for 101, (b), and ic.  Conditions, if ony, which gove rise to immediate CAUSE (a)  Conditions, if ony, which gove rise to immediate CAUSE (b)  Conditions, if ony, which gove rise to immediate CAUSE (b)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (b)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (b)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immediate CAUSE (c)  Conditions, if ony, which gove rise to immed	ASSED NAME  BERSHOT]  Jerry Harmon  COOPER  1. RACE  White  White  White  Whate of Day  Long Harmon  COOPER  3. DATE OF BIRTH  MOON!  Jerry Harmon  Jerry H	April 15,  April 15,  Male    Harmon   COOPER	REG NO.  Jerry Harmon  COOPER  April 15, 1984   EASED NAME    APPRILIP   ARCE   APPRILIP   A	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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(VRA 15, 4)

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REG NO 2b. HOUR 12:45pm

IF UNDER 24 HRS.

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH April 14, 1984 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR A BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED

21221 13e.STREET ADDRESS / ZIP CODE

BLENN WOOD

1637

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Probable brain metastasis, primary tumor

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [ NO [

COUNTY

(n) (our) opinion death occurred on the date and hour and from the causes stated 22c DAJE SIGNED

9000 Franklin Square Drive

DHMH - 16 50M 4/83 J. G. CONNELL

FOR - STATE

REGISTRAR

300

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

IN THE USE ROSSPHEE FRANKLIM SK RETIRED M D SATE FISH I I I GENERALINE IN AND THE STATE STATES THE TERMS WAY THE POLY AUGUST AUGUST AUGUSTA CORE PLACE BURGO BALLEY BRIDGERS BERNELOWS BURGO STATES FOR I to converge the second of the little of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS EARL LEE CROSS, JR. April 27, 1984 2:53 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore County DRYLAM WIDOWED DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Greater Baltimore Medical Center Towson USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO D 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE oug ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Metastatic testicular carcinoma PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ŏ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES [ NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIFM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mento LIE FITHER NOTIFY MEDICAL EXAMINER) PM 19 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 4/16 19.84 19 84 220 I certify that (1) (this haspital) attended the deceased from. 84 sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I April 28, 1984 PHYSICIAN DIRECTOR PHYSICIAN X MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS John E. Adams, M.D. 6701 N. Charles St. 21204 Towson 23d, LOCATION 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) SIL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) HAR FORD

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	Female		ite	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)		EAR IF UNDER 24 HRS. ATS HOURS MIN.	
8		RTHPLACE (STATE OR FOR COUNTRY)  Massachuset  ITY OR TOWN OF DEATH	ts U.:	~ •	MARRIE		Balto. Coun	ty	MD	
3	Ca	atonsville	(IF NOT I	18 Glen R	TREET ADDRESS) Rae Driv	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Teacher	KING LIFE) INDUST	ucation	
5	130 5	Md.	Ball	Catons	TOWN_	136 INSIDE CITY LIMITS? YES NO 1	118 Glen Rae	Drive	21228	
16		James	MIDDLE	Barnes		Eva	MIDDLE	Lind1	ey	
1	()	MAS DECEASED EVER IN YES NO OR UNKNOWN) NO	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Ms. Susan	ADDRESS  Green - Same as			
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF					BETW.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UMMERICAN		
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- Jan	CERTIFICATION	PART 2 OTHER SIGNIF	CICANT CONDITION	onch	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.  OF WHICH OPERATION WAS PERFORMED  200 AU  YES			TOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
1	MEDICAL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR	AE OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT			
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/		22d Hysician's NAM	A NES	BITT	IX	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN [		1 21228	
	(	BURIAL, CREMATION, RE (SPECIFY) Remova		16/84	23c NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE	
	24 FU	UNERAL DIRECTOR	Marie and A	ADDRE	ESS		TE REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGN	VATURE	

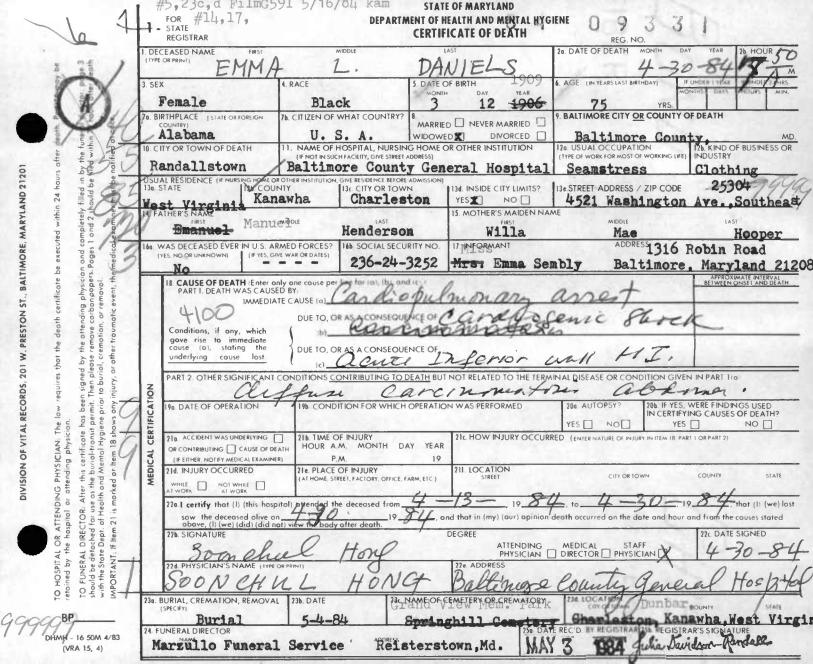
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Anatomy Board

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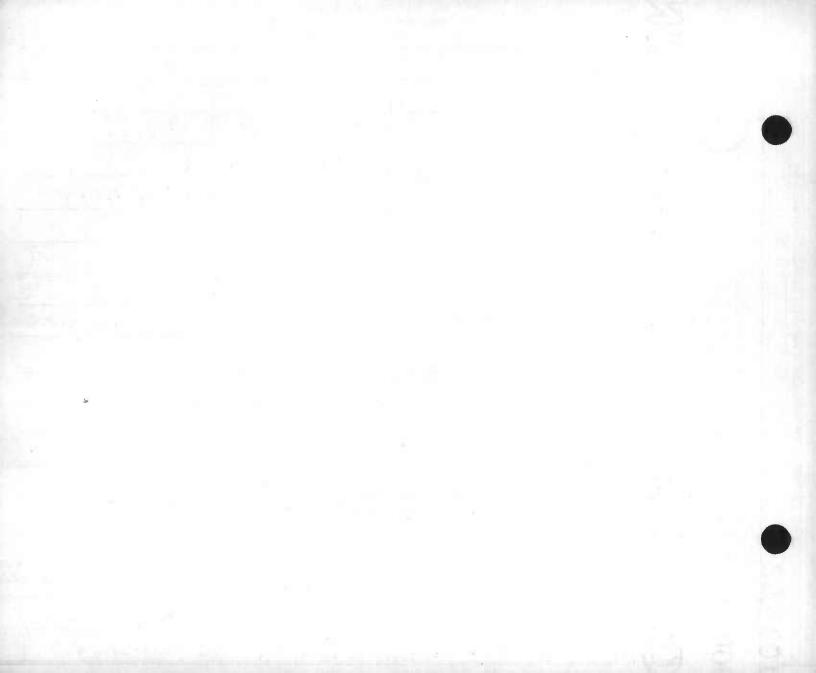


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENDAL HYGIENE

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Louis   M. Dean   April 10, 1984   8	
LOUIS M. Dean APTI 10, 1984  I. SEX MALE  I. SEX HACE  I. DATE OF BIRTH  I. SEX HACE  I. DATE OF BIRTH  I. SEX HALE  I. SE	HOUR
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18 CAUSE OF DEATH Enter only one couse per line for 101. 161. OR AS A CONSEQUENCE OF PART I ONLY STATE OF OPERATION   18 CONDITION FOR WHICH OPERATION WAS PERFORMED   180. DATE OF OPERATION   18	.М.
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13. MOTHER'S MANDE   13. MOTHER'S MADIEN   13. MOTHER'S MADIEN NAME   13.	. ,
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Return of the course of the course of the force)   213-10-4862   Minnie M. Dean   8112 Woodhaven Rd. 2	3
18 CAUSE OF DEATH LETTER ONly one couse per line for 101, (b), and (c)   PART 1. DEATH WAS CAUSED BY   Cardio-respiratory Arrest   METWENNESS	ח מי
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OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM. ETC.)  22e. I certify that of this hospital) oftended the deceased from April 9, 19, 84, to April 10, 19, 84, that sow the deceased alive on April 10, 19, 84, ond that in 120, (our) opinion death occurred on the date and hour and from the couse obove, Meyer (did) (the Hot) view the body alter death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF ROBert H. Wiedefeld, M.D.  23a BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	NO 🗌
220. I certify that X (this hospital) attended the deceased from April 9 19 84 to April 10 19 84 that sow the deceased olive on April 10 19 84 and that in 30 (our) apprint death occurred on the date and hour and from the couse obove, Y (we) (did) (the foi) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR DI	
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236 BURIAL, CREMATION, REMOVAL [236. DATE [236. NAME OF CEMETERY OR CREMATORY [236. LOCATION ]	-84
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
	7 . 1
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24 FUNERAL DIRECTOR SH 7401 BELOW Kd . 21336 P. 13 184 LL K.:	-

DHMH - 16 50M 4/83

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(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

sale wooding to it it is to the party of the place of the party of the YELL the movement of the most walnut to all the state of CATELLED COMPANIENCES OF FIRST DESCRIPTION OF THE PARTY O deligned, executives of faith of the Laryland SEEDILE HE SHIP SEEDILE TO SEED TO SEE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle Lost 2g DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) arie ean S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. 4. RACE last birthday) MONTHS DAYS HOURS remale white 4-28.180 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED U.S.A. Baltimore WIDOWED DIVORCED [ TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Seamstress INDUSTRY give street address) TIMORE BALTIMORE, MARYLAND 21201 Retired 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE Md COUNTY YES NO Balto. 1211 W. Cross St 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Middle K. Cobers Agnes Royas 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Charles F. Lambert 2112 Starmount (Yes. no. ar unknown) TimoniumPROVICE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, MMEDIATE CAUSE (o) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF please stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) permit. WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 20b. IF YES, CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) UNDERLYING -216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 & Yand that in (my) (aur) opinian death accurred an the date and havr and fram the sow the deceased alive on\_ couses stated abave, (I) (we) (did) (did not) view the body after death. 22c DATE YIGH DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S o FUNERAL I should be of of Health o NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) -Balto. Md. 2 4-5-84 Woodlawn Cem 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DHMH - 16 3/72 25M John C. Miller Inc-6415 Belair Rd DATA DD (VR A15 (4))

STATE OF MARYLAND

THE RESERVE TO BE STRUCK THE PARTY OF THE PA · Company of the control of the cont

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR LIYPE OR PRINT William Christain Decker 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH YEAR MONTH Male White 27,1903 March 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED DE NEVER MARRIED COUNTRY Balto. . Baltimore County. DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville Salesman -Bakery Equipmen USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore Catonsvill 1134 INSIDE CITY LIMITS? 13. STREET ADDRESS 24 Holmehurst Avenue Md. YES [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Decker, Sr. Grace Minnie Schlem James 166 SOCIAL SECURITY NO. 17. INFORMANTCAtonsvilleADDRESS Md. 21228 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Mrs. D. Joan Appelbaum-401 Oak Forest NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF accese underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to Luster 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO. YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY 20 COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 04 22a.1 certify that (1) (this hospital) attended the deceased from\_ agerel sow the deceosed clive on obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGRBE 22c, DATE SIGNED AITENDING MEDICAL STAFF should be deto with the Stote [ PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) OWE 0 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4/7/84 Lorraine Park Cemetery - Baltimore. 24 FUNERAL DIRECTOR Sterling Funeraless Estate 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 736 "Edmondson Avenue; Catonsville. (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.5	REGISTRAR				CERTIF	CATE OF DEATH	REG.	NO.	9	
1		CEASED NAME OR PRINT)	SARAH		M •		LAMATER	20. DATE OF DEATH		1984	6 P M
	3. SEX	Female		4 RACE White		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAYJ YRS.	F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STA COUNTRY) Marylan	d	U.S.	Α.	WIDOWE		9. BALTIMORE CITY Baltimo	re Cou	inty	MD.
20		Catonsv	ille	(IF NOT IN SUCI	t Nursi	ng Home	R OTHER INSTITUTION	12a. USUAL OCCUP. (TYPE OF WORK FOR MO: Housewi	ST OF WORKING		
35	13a S	aryland	13P COA	ROTHER INSTITUTION. NTY 1timore	GIVE RESIDENCE BEF 13c. CITY OR TO Catons	NWO	13d. INSIDE CITY LIMITS? YES NO X			E Valley	21228 Drive
30		THER'S NAME FIRST		AIDDLE 8.	Bou		15. MOTHER'S MAIDEN NA FIRST Catheri	ne MIDDLE	DRESS	Adam	
		VAS DECEASED		RMED FORCES?	215-05	-7615D	Mrs. Marjor			Same as	# 13
	ATION	Conditions, if gove rise to couse (0), underlying	ony, which immediate stoling the couse lost.	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CO	R AS A CONSEGUE	PUENCE OF	D (Decor	MAL DISEASE OR CO	20b. IF Y	20 20 VEN IN PART 10 ES, WERE FINDIN	
29	AL CERTIFICATION	710. ACCIDENT W	me	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	YES NO	3	TIFYING CAUSES YES  S PART I OR PART 2)	NO [
	MEDICAL	21d. INJURY OCHAR AT WORK  22a. I certify the sow the december of the december	NOT WHILE AT WORK and (I) (this haspeceased alive o	21e PLACE (AT HOME STR	e deceosed from	3/	231 LOCATION STREET  O , 19  Ind that in (my) (pm) opinion	1_, to 4 -	e date and he		state that (I) (we) lost causes stated
1		226. SIGNATUR 226. PHYSICIAN	CUL J	l. Cha	mbe M.D.	w	22 ADDRESS	MEDICAL S DIRECTOR PHY		more, Mo	4/84
	23a. 8	BURIAL, CREMAT	TION, REMOVA	23b. DATE			emetery or crematory wn Cemetery	23d. LOCATION CITY OF TOWN	imore	COUNTY	Mä.

BP DHMH - 16 50M 4/83 (VRA 15, 4)

la Daydson-Handele 21 FUYON DIFFCTOR Russell C. Witzke Funeral Homes P. A 250 DATE REC-D. BY REGISTRAN 1984 1630 Edmondson Avenue, Catonsville Md. 21228

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REG. NO 2a. DATE OF DEATH 2b. HOUR April 5, 1984 9.04P M 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 26. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Machinist National Can Hanover. Penna. 13e.STREET ADDRESS / ZIP CODE 7905 St. Marys Dr. 21236 Cecilia Kearney 7905 St. Marys Drive Balto., Md. 21236 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ CITY OR TOWN COUNTY STATE 19 Q4 , that x11 (we) lost

Baltimore. Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

255AhH

4-9-84

134176. Mb. 212817

7401 BELMIR RD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Gardens of Faith

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME FIRST 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) April 27, 1984 Etta Dickson Lena 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS Sept. 30, 1894 MONTHS White Female 89 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Massachusetts MARRIED NEVER MARRIED U.S.A. Baltimore County. WIDOWED IN CITY OR TOWN OF STANK NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Ridgeway Manor Nursing Center INDUS Home HOUSEWILE WORKING LIFE) Catonsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION Baltimore 13e SIREEI ADDRESS Abigail Drive Apt. Rossville M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Schennell MIDDLE Terrell Carrie W. Thomas 66 SOCIAL SECURITY NO **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 023 24 1967 Ruth C. Scott (Daughter) Same No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) MYOCAADIBL INFARCTION PART I. DEATH WAS CAUSED BY .HR.-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate IASETES MERCITUS cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M.

211. LOCATION

21d. INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE WHILE AT WORK

220.1 certify that (1) (this haspital) attended the deceased from

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

STATE

STATE

saw the deceased alive an .. abaye, (1) (we) (did) (didnet) view the bady after death. 22b. SIGNATURE

DEGREE M. K

ATTENDING

STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE.SIGNED

COUNTY

BORIL

3803 EDMONDSON AUF

and that in (my) (are) apinian death accurred an the date and hour and from the causes stated

23a. BURIAL, CREMATION, REMOVAL (SPEDICIA)

MEDICAL

236. DATE 4/30/84

uzdzinski Funeral

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith

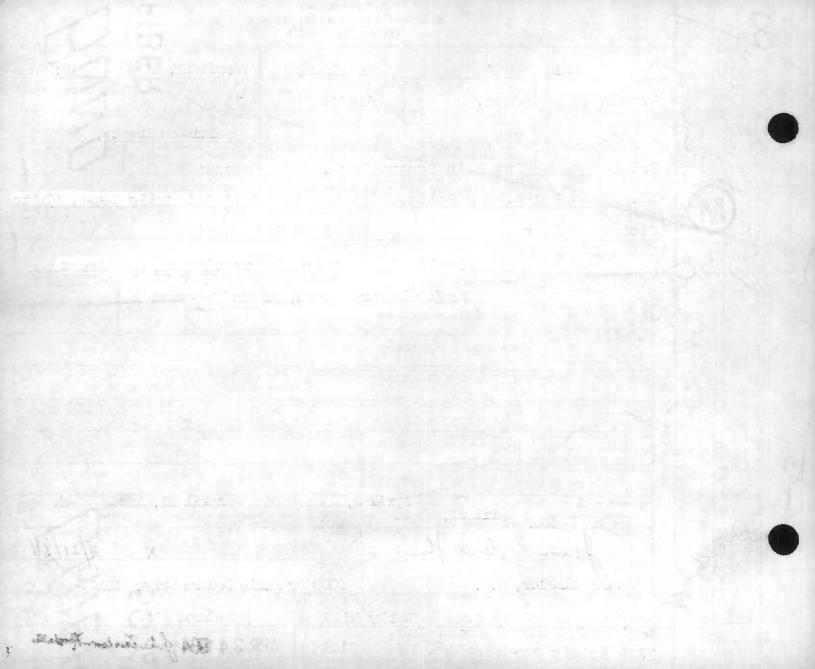
Baltimore County. Md.

PRESENT 10

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home PA 1407 Old Eastern Avenpp hie Davidson Handall

DHMH - 16 50M 1/76 (VR A 15 (4))

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Palitions county, 18.	13.1.	Usedone	-8 (36) p. 1-	- F - F



# that the death certificate be executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 and 2 th nest by the attending physician and c should be detached for use as the burial-transit permit. Then print the Shate Dept. of Health and Mental Hygiene prior to bur OR ATTENDING PHYSICIAN, The TO FUNERAL DIRECTOR, After this

ial, tremotion, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEA	LTH AND M		ENE 0 9	3 6	13	
	CEASED NAME FIRST	MIDDLE	LAST		21		MONTH DA	Y YEAR	26 HOUR
(TYPE	Mildre	d E	01	kon		Amil	8,1	984	2 A
1. 5EX		4. RACE	5. DATE OF I			6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
1		Caucasian	MONTH	DAY	YEAR	61		NTHS DAYS	HOURS MIN.
	Female		07	22	e2	81	YRS.		
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED [	NEVER M.	ARRIED -	9. BALTIMORE CITY O			
1	Md.	USA.	WIDOWED		ORCED [	Baltimore	County	/.	M
10 CIT	Pon Jolls Arwa	11. NAME OF HOSPITAL, NURSH (#FNOT IN SUCH FACILITY, GIVE STREE Bal Timere Co	ADDRESS)	, , ,/	tution .	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	DE BUSINESS O
		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)				.,-	710	1 10 6
13a. S	Md 136 COUN	13c. CITY OR TOV		d. INSIDE CIT	NO M	315 Ingle	side A	ver2	122
14. FA	THER'S NAME		15	MOTHER'S	MAIDEN NAM				
	FIRST	MIDDLE KAST		P	IRST	UNK MIDDLE		LAS	ST .
16a W	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	IRITY NO. 13	INFORMAN		ADDRE	SS	1	
		F WAR OR DATES		111m (	2	mt A		mi	,
_	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)								
	18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)								
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which	( (b) Inch	ا محدو	Kesy	des	سروسر			
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF A	T 0	-	0 .			
	underlying couse last	Chrone	- ole	should	رس	Kerry des	مدي	li	
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED 1	TO THE TERMI	nal disease or coni	DITION GIVEN	V IN PART 1	0'
TIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION V	WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, YIN CERTIFYI		NGS USED OF DEATH?
CERTIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		ic HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	1		
P. 175.0	OR CONTRIBUTING CAUSE OF DEA	AIN	AY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	II LOCATIO	N			-	
MEI		(AT HOME, STREET, FACTORY, OFFICE,		STREET		CITY OR TO	VN	COUNTY	STATE
	AT WORK AT WORK			0			-	1111	
	22a. I certify that (1) (this hospital) attended the deceased from 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,								
1.0		at) view the body after death	<u>D</u> -7 , and	that in (my) (	our) opinion d	eath occurred on the do	te and haur c	and from the	causes stated
		ary view the body offer death.	DE	GREE	our) opinion d	eath occurred on the do	te and haur c	22c DATE	
24	saw the deceased alive on abave, (I) (we (did (did no	ary view the body offer death.	DE	GREE	TENDING	MEDICAL STAF	F	22c DATE	SIGNED
348	saw the deceased alive on abave, (I) (we (did (did no	Powerte	m, les	GREE	TENDING HYSICIAN	Barry C	F	22c DATE	
	sow the decessed plive on above, (I) (we (did ) (did no 27b, SIGNATURE	Powerte	DE m, lead	GREE  AT PI  20. ADDRESS	TENDING HYSICIAN	MEDICAL STAF	F IAN X	221 DATE	SIGNED
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DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

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(VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO			-

1	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	<b>5</b> .		
1. DE	ECEASED NAME FIRST	WIDDLE	Li	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYP	PE OR PRINT)	7	Dal	lemana	L'OOA	E 10	1185	7:15 12
3. SE	FX	4 RACE	5 DATE O	E RIDTH	6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 H
Cr	N = 1	( )	MONTH	DAY YEAR			ONIHS DAYS	HOURS M
1	IAL2	WHILE	MA	RCH 15, 1894	90	YRS.		
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
U	72RMAN4	U.S.A.	WIDOWE		BALTIMO	IRS (	QUOT	9
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS
Pa	20KV115	QUANT IN SUCH FACILITY, GIVES	P ADDRESS)	s Rann	TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	1. Os.
USU	JAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	REFORE ADMISSIONS	T KOHD	12015KA1	2016	Presi	4 DSC
130.	STATE 136 COUN	TY 13 CITY OR		136. INSIDE CITY LIMITS?	13e STREET ADDRESS	0.	0	9193
11)	ARTHAND BALT	TIMORE TARKY	.m5	YES NO NO	3900 Kin	SKI	OC75 K	OAO
14. F	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WIDDIE		. 145	
	(750RGE	DOHE	MANN	Anna	MIOOLE		Mil	15R
160	WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	SS		1001
5	LYES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	10527	Enn 14	Recapin	<		
		ICANA IC	2 102 102		- MILLO	-		MATE INTERVAL ONSET AND DEA
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI		2 m 2 m	
TION								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?
Ü	210, ACCIDENT WAS UNDERLYING	LICHE AM MONITH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PA	ART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA	III	DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION				
M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC )	STREET	CITY OR 10V	VN	COUNTY	STATE
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	22a.1 certify that (I) (this hospit sow the deceased alive on	tol) oftended the deseased from	13-9 00	19		7	,	that (I) (we) I
	obove, (1) (we) (did) (did na	view the body after death.	_	d that in (my) (our) opinion	aeoth occurred on the do	te and hour	ond from the	couses stoted
	27b. SIGNATURE	March	M	PEGREE ATTENDING PHYSICIAN E	MEDICAL STAF	F	22c DATE	SIGNED 184
	22d. PHYSICIAN'S NAME VYPEO	R PRIMIT		27e. ADDRESS	OWECTOR - PHISIC	IWI4	1/	/-/
	DR. SILINTT	. S. HARR'S	14.56	8100 Ha	REARN RO	A0-	Pank,	1115
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TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the fuserial in should be detached for use as the busial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

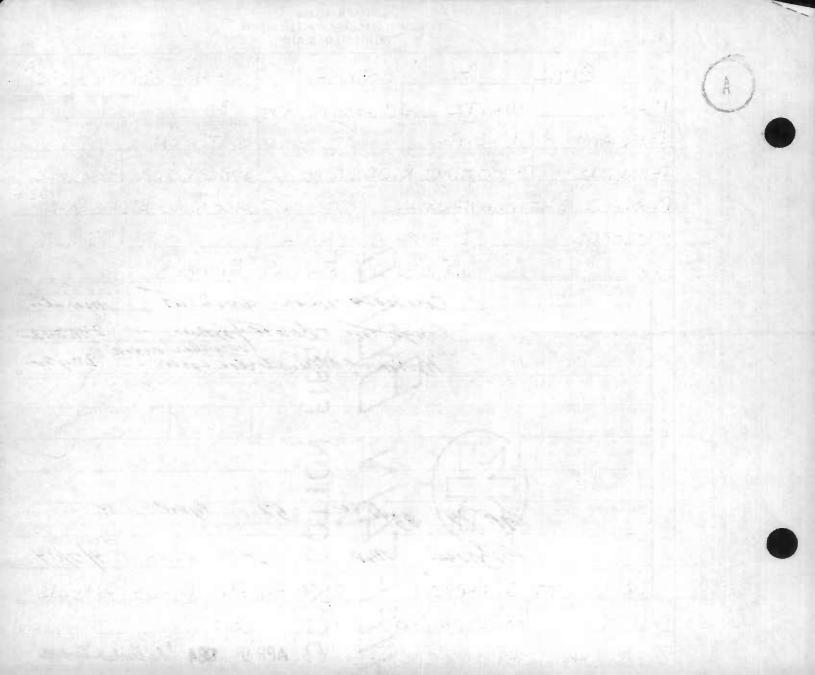
24 FUNERAL DIRECTOR NAME

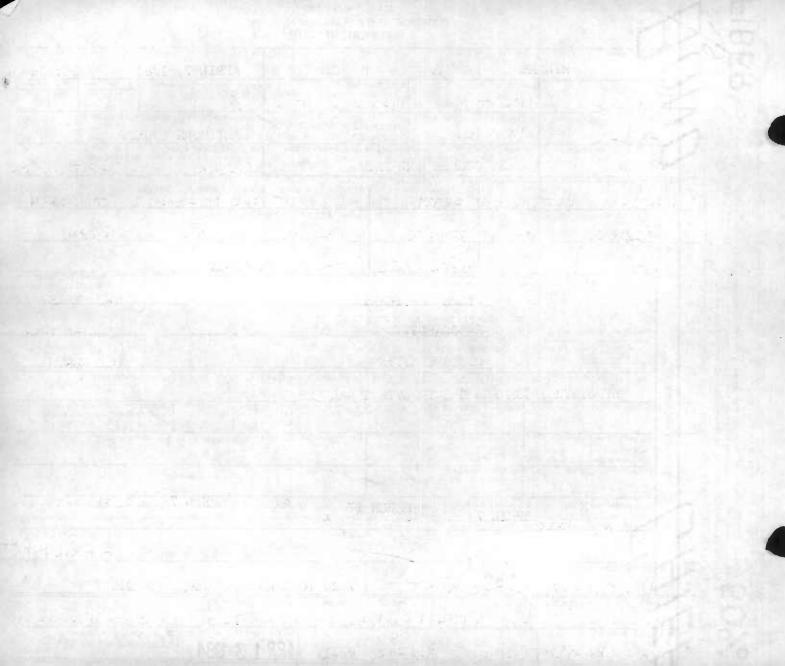
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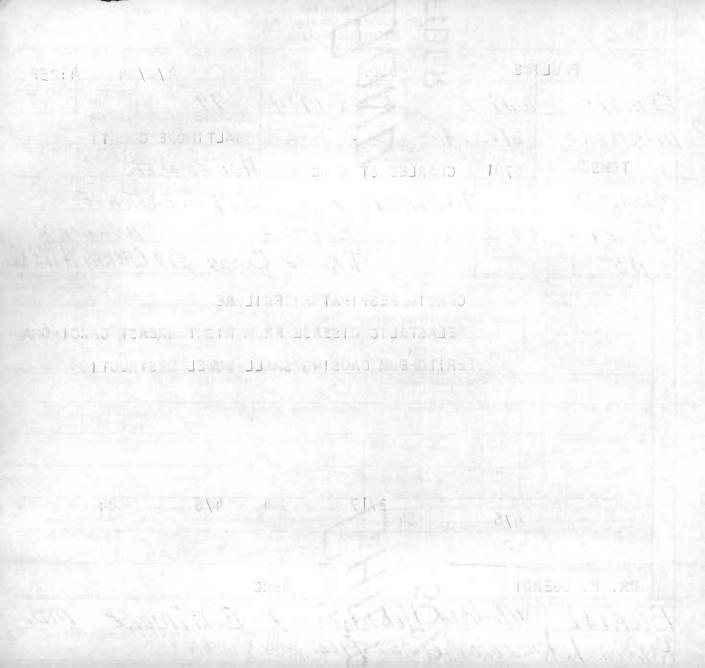
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250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

APR 9 1984 Luha Daindson-Rondelle







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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	5 de 3

-6		STATE OF MARYLAND OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 9 3 4 8 TATE EGISTRAR CERTIFICATE OF DEATH . REG. NO.
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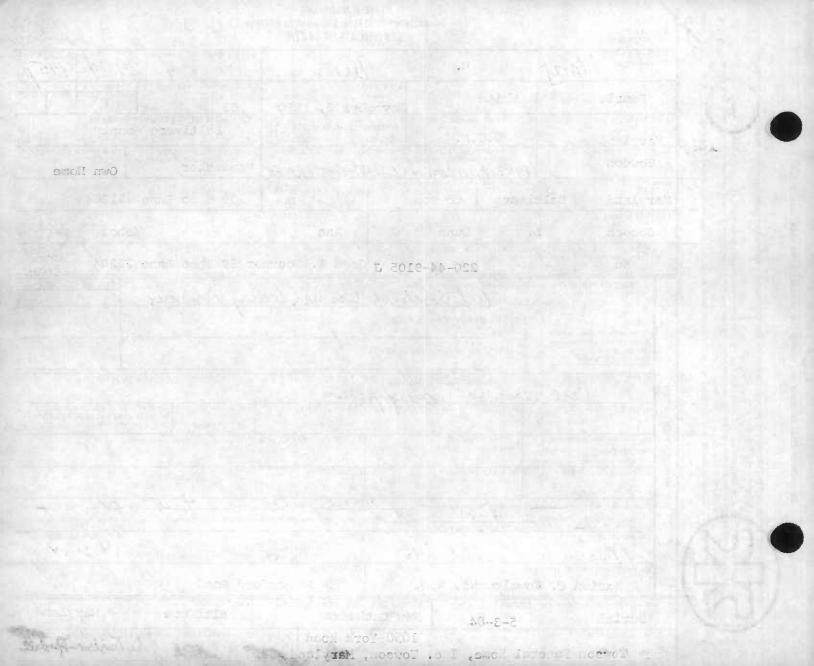
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Puck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4)



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BP		Cremation UNERAL DIRECTOR		Greenmount	1250 DATE	Baltimore REC'D. BY REGISTRAR 250, REGIST	Maryland
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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

FOR

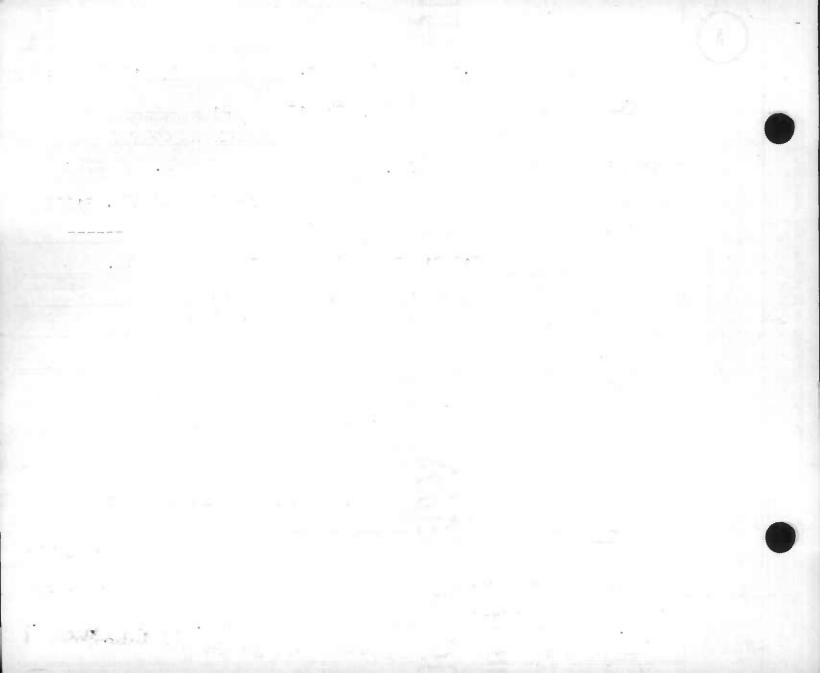
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remaye carbon popers. Pages 1 and 2 should be filed within 72 hours; the
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Elksnis Frances Μ. 4. RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) July 24, 1926 White Female To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Baltimore County U.S.A. North Carolina II. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION INDUSTRY Home TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE Franklin Square Hospital Rossville 21237 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Lssex 978 Punjab Circle 21221 NO XX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Beck LAST Thomas MIDDLE Wilsom Florence ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anthony C. Elksnis (Husband 245 32 5310 Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

Dos ninator Respiratory Arrest IMMEDIATE CAUSE (O. Sepsis AS ACONSEQUENCE OF Carcinoma of the lung (large cell) Chronic Obstructive Pulmonary Disease couse (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 228.1 certify that Withis hospital attended the deceased from April 10 84 saw the deceased alive on\_ , and that in (our) opinion death accurred on the date and hour and from the causes stated above, (we) (did) (did ot) view the bady after death. 276 SIGNATURE DEGREE April 10, 1984 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OF PRINT Franklin Square Drive old b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73b DATE Cardens of Faith Cemetery Baltimore County. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 lie Davidson-Randell Old Eastern Ave. (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove corbompopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			DEPARTM	CERTIFI	ICATE OF DEATH		REG. NO	,			
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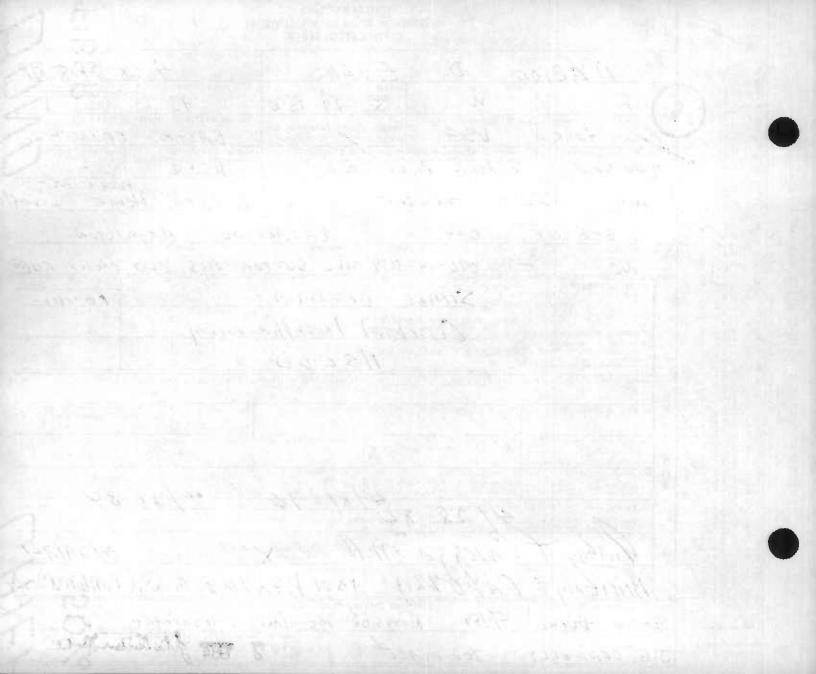
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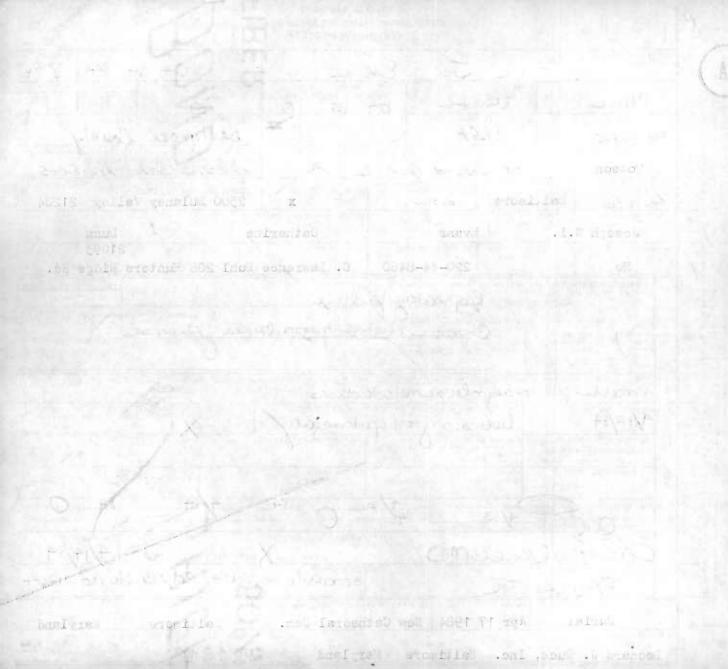
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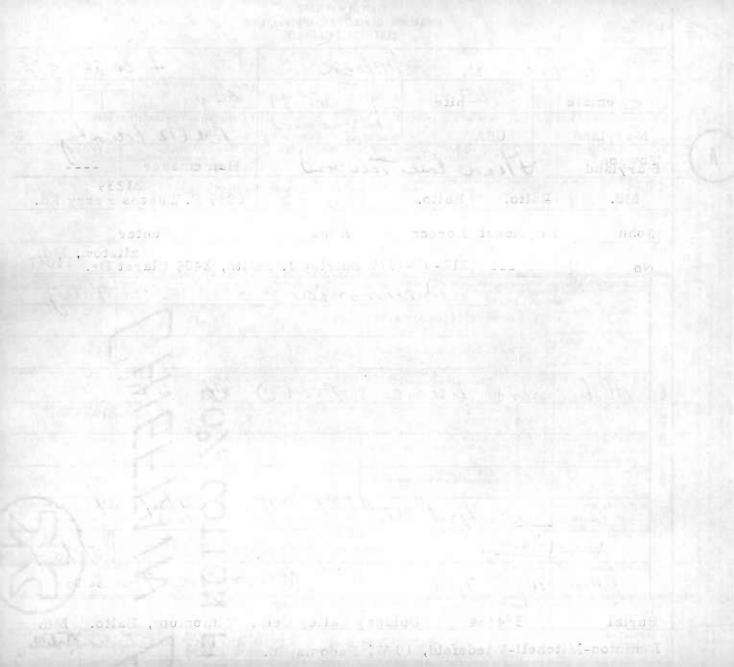


(VRA 15, 4)

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	-	EMATION  JNERAL DIRECTO		4/30/1984	GREEN M	OUNT	CREMATORY 256. DATE	BALT REC'D. BY RE	IMORE,	GISTANIAS.	MARY	LAND
,,		NAME		ADDRESS TATC	DIMIDATE	MD 2	1222 APR		PA Julia	- Danido	mala ma	

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TTENDIN Spitol or STOR: Af for use of Health		sow the deceased	nis hospital) attended the	7/30/ 198	24 b	d that in my) (our) opinion	death occurred on the	194 late and hour on	, the	ot_thm(we) loss uses stated
At OR A At DIRECT At DIRECT DIRECT Dept. IT. If them		226. SIGNATURE	Agun		Λ	ATTENDING PHYSICIAN	MEDICAL STA	AFF	22c. DATE SIC	SHED .
TO HOSPITAL retained by the TO FUNERAL is should be deto with the Store IMPORTANT: H		22d PHYSICIAN'S NAM		TUN		22e ADDRESS	nor Care		rson	
0 € 0 € 3 <u>8</u>	I	urial, cremation, re specify) Burial	MOVAL 236. DATE 5/4/8			emetery or crematory y Valley Cen				STATE Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		JNERAL DIRECTOR emmon-Mi	tchell-Wie				TE REC'D. BY REGISTRAR		SSIGNA	marke.



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IMPORTANT: If Hem 21 is marked ar Hem 18 show

DHMH - 16 50M 4/B2 (VRA 15, 4)

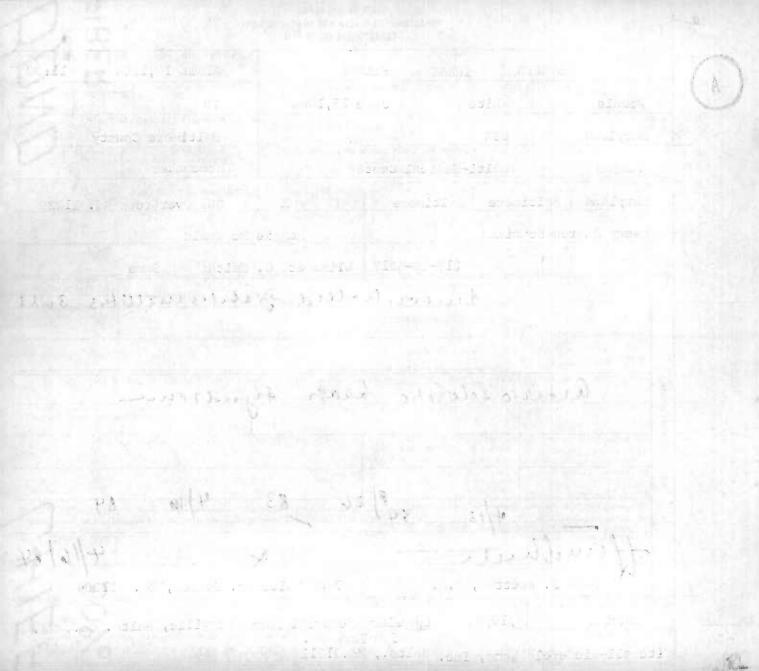
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1111	OR PRINT)	77	70		17-	and ove	April 2	27 .1984			
0.00		Eleanor			5. DATE C	arley	6 AGE (IN YEARS LAST BIRT		DER TYEAR	IF UNDER	74 HRS
SE	^		. RACE		MONTH		AGE (IN TEARS EAST BIRT	MONTH		HOURS	MIN,
1	Female		Wh	ite	Oct	. 5, 1917	66	YRS.			
	RTHPLACE (STATE)	OR FOREIGN 7		WHAT COUNTRY?	8	The state of the s	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
1	COUNTRY)					D NEVER MARRIED					
/	Maryland		U.S.		WIDOWE		Baltimore				MD.
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		2b. KIND O NDUSTRY	F BUSINE	ESS OR
1	Towson			oseph's H		tal	Assemble		-		
บรบ.	AL RESIDENCE (# N	URSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
13a S	STATE	JAN CONN.		13c. CITY OR TOW			13e. STREET ADDRESS		07.	000	
	MD	Balt	imore_	Baltimo	ore	YES NO X	1307 Glenr	nont Rd.	212	239	
9 FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS!		
	William		J.	Roach		Elizabeth		H	Ioran		
16n \	WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE				
	YES, NO OR UNKNOWN)		WAR OR DATES)								
	No			219-22-6	5916	John E. Far	cley 1307 G	lenmont			
	II CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), pric	d (c)	1			APPROXI	MATE INTER	DEATH
	PART I. DEATH	WAS CAUSED	BY:	Cody	ec a	rrint			2	n me	~
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	Canditions, if o		(b)_	W S	LV.	//~			- 1	10	
	gove rise to i		DUETO	R AS A CONSEQUE	NCE OF						
	underlying cor			K AS A CONSCOOL	1402 01						
			(c)				I				
z	PART 2 OTHER S	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO L	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN I	N PARI 16	٥	
Ö		(	arin	mer ell	N	men men	man				
CAI	190. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE			
H							YES T NOT	YES 🗆		NO T	
ERI	21g. ACCIDENT WAS	UNDERLYING T	21b. TIME C	F INJURY		21c. HOW INJURY OCCURR					
0 1	OR CONTRIBUTING		LIOUD A	M. MONTH DA	YEAR		(Eleven varione or visor				
CA	(IF EITHER, NOTIFY M	EDICAL EXAMINER)		M.	19						
MEDICAL CERTIFICATION	314 INJURY OCC	URRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	WN	COUNTY	5	STATE
Σ	WHILE NOT	WHILE	TAT HOME ST	REET, PACTORY, OFFICE, PA	ARM EIC )	1		1			
	22a I certify that		-1) - 44 do -d - 4h	a Managard from		4/10 10	4	127 10	84	ah a a	
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	obove, (I) (we	osed alive on_ (did) (did not	view the body	after death.		nd that in (my) (aur) opinion o	death occurred on the do	ne and naur ond	I from the	couses sto	ated
	226 SIGNATURE	la.		- 11		DEGREE			22c. DATE	SIGNED	. 1
	12	Marin	mas !	- Allm	M	ATTENDING PHYSICIAN I	MEDICAL STAF		4/2	8/8	Y
	22d. PHYSICIAN'S	NAME (TYPE OR	PRINTI	JUNEVITER	-	22e ADDRESS	J BURECTOR [ ] FITTSIC	IAIN	-/-	0/0	
	Maurice	Feldm	an l	1.D.		6610 Cross (	Country Blv	d.			
23 <b>o</b> E	BURIAL, CPEMATIO	N, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(SPECIFY) Burial		Apr.	30, 1984	C+	John's Longre	CITY OR TOWN	Md	UNITY	5	STATE
-	UNERAL DIRECTOR		Lubr.	1994	5 L.		E REC'D. BY REGISTRAR			LIPE	
. 7 1 1	NAME			ADDRESS		A.	PP 7 0 1004	- 1.0. K	avidon	SA	
	Leonard J	Ruck	Inc B	altimore,	Md.	/1	1 3 0 1984	Juna Di	and agony	-hung	less.

## Waste Ballet P. 1/192

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THE PROPERTY OF THE PARTY OF				
AS BILLIAM CATHOLICA		· FILX		
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	Sec. all disc.			

	8	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MEN FICATE OF DEA	NȚAL HYGI	400	9 3 I	6 /	
	-		EASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA	ATH MONTH	DAY YEAR	26 HOUR
1 /	1	11112	ON PRINTY	EVEL	YN	IRENE	FI	BEY	200	APR	IL 16,19	84	11:30 M
2 3	A	3. SEX	Calaba N		4. RACE			OF BIRTH	VEAD	6. AGE (IN YEARS L	AST BIRTHDAY)	# UNDER I YEAR	HUNDER 24 HRS
6		1	Female		Whit	е	Ju	15,190	4	79	YRS.		HOURS MIN.
	2 1/1		THPLACE (STATE OR	EOREIGN	76. CITIZEN OF	WHAT COUN	JTRY? 8.	ED NEVER MAR	RRIED 🗍	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	1-4-3-4
	9		Maryland	-	USA		WIDOW	EDK DIVOR	RCED 🗌	Bal	timore (	County	MD.
s of	not like	10. CI	Y OR TOWN OF DE TOWSON	ATH	(IF NOT IN SU	CH FACILITY, GIVE		or other institu cer	NOIT	12a USUAL OCC (TYPE OF WORK EOR HOME	UPATION MOST OF WORKING L	12b. KIND C INDUSTRY	OF BUSINESS OR
24 hour	35	13a S	LRESIDENCE (IF NUR TATE Maryland	136 COUN	other institution	136 CITY OR Balti	NWOT	13d. INSIDE CITY	LIMITS?	13e.STREET ADDI	RESS / ZIP COD		21 239
ed within	and 2	)	THER'S NAME EIRST Henry And		WIDDLE	LAS	51	15. MOTHER'S MA	AIDEN NAM		DDLE	LAS	
ecut	S i		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	00=-		ADDRESS		
E e	Poge	{4	ES, NO OR UNKNOWN)	(IE YES, GIVI	E WAR OR DATES)	217-	20-6217	Elizabe	eth G.	Smith	Sam	e	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120 IND PHYSICIAN. The low requires that the death certificate be executed within 24 hours reflecting physician.	mit. The prior to ony inju	CERTIFICATION	gove rise to im- couse (o), stofii underlying couse  PART 2. OTHER S	ng the last.	CONDITIONS CONDITIONS CONDITIONS	ontributino	hic /	NOT RELATED TO	. f	NAL DISEASE OR    120a AUTOPSY   YES   NO	20b. IF YE	VEN IN PART IT	NGS USED
V Sicio	Hygiene 18 shows	CERT	21a. ACCIDENT WAS UN		110110 1		I DAY VEAS	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE C			140 []
P P P	fem Hem	AL	OR CONTRIBUTING		1114	.M. MONTH	DAY YEAR						
IG PHYSICIAN: ottending physical	oith and Me marked or II	MEDICAL	21d INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY REET, FACTORY, O	FFICE, EARM ETC )	211 LOCATION STREET	••	CITY	ORTOWN	COUNTY	STATE
TTENDIN pitol or	F F	12	22a.1 certify that (1) sow the deceas	ed olive on	tol) ottended th	3	6191.	nd that in (my) (ou	opinion d	eath occurred on	he date and ha	19.85, ur and from the	that (I) (we) lost
HOSPITAL OR A ined by the hos	should be detoched to with the Stote Dept. o IMPORTANT: If Item 2		234 DISICIAN'S N	ull	int		>	DEGREE ATTE PHY 22e ADDRESS	ENDING SICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DATE	16/84
O HOS etoined	should with the				Koetter	, M.D.				Dr. Tows		21204	
BP		(:	DRIAL, CREMATION, PECIFY) Burial	REMOVAL	23b. DATE 4/19/8	34		d Memoria	l Par	23d LOCATION CITY OF TO k Farkvi	lle. Ba	COUNTY	STATE Md.
DHMH - 16 (VRA			NERAL DIRECTOR Chell-Wie	defel	d Home.	ADD	6500	York Rd. Md.21212	250. DATE	REC'D. BY REGIS	TRAR 251 REGIS	Davidson-	Pandell.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1						FICATE OF DEATH	REG. N	VO.		
	ECEASED NAME	hiA	۸	AIDDLE	2:1:6	Powic'z	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HC
3 51	Female		White	Jacan Control	5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) YRS.	IF UNDER 1 YEAR	HOUR!
/	Polano	l	US	what country?	MARRIE WIDOWI	ED NEVER MARRIED DIVORCED	Baltimore CITY	OR COUNT	TY OF DEATH	
1/	Catonsville	Le l	Jores:	t Haven	Nursi	or other institution	12g USUAL OCCUPA (TYPE OF WORK FOR MOST		LIFE) 12b. KIND (	
130	JAL RESIDENCE (IF NUR STATE	Balto		GIVE RESIDENCE BEFOR 13t. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS	eside	Ave.	12
5011	ather's NAME Inthony	м	IDDLE	Durmowi	cz	15 MOTHER'S MAIDEN NAM	MIDDLE		Kow	st Lsk
160.	WAS DECEASED EVER		NED FORCES? WAR OR DATES)	219-05-		Jeanne Mack	owiak 3110		kness Wo	uy.
	Conditions, if any gove rise to im cause (a), statu	mediote	(b)	R AS A CONSEQU						
CATION	gove rise to im cause (a), statis underlying cause	mediate ng the e last.  NIFICANT CO	DUE TO, OF	AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM  NOTE OF THE TERM  NOTE	INAL DISEASE OR COI	20b. IF Y	ES, WERE FIND	INGS US
ICAL CERTIFICATION	gove rise to im couse (a), stating underlying couse  PART 2. OTHER SIG  190 DATE OF OPERA  210 ACCIDENT WAS UNDOR CONTRIBUTING []  (IF EITHER NOTIFY MED	mediate ng the last.  NIFICANT CC TION  DERLYING  CAUSE OF DEATH CALEXAMINER!	DUE TO, OR  (c)  DNDITIONS CC  19b CONDI  21b TIME O HOUR A./	ONTRIBUTING TO  TION FOR WHICH  FINJURY M. MONTH D	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDS	INGS US
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MEDICAL	PART 2. OTHER SIG  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING  # ETTHER NOTHY MED 21d. INJURY OCCUR  WHITE NOTHY MED 220. I certify that (II) sow the deceas above (II) we ye 22d. PHYSICIAN'S N	mediate mg the e last.  NIFICANT COLLEGE OF DEATH COLLEGE	DUE TO, OF CONDITIONS	PAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT  DEATH OPERATIO  DAY YEAR  19  FARM EIC)	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPSY?  YES NO CITY OR I  CITY OR I  death occurred on the o	20b. IF Y IN CERT IN C	ES, WERE FIND: IFYING CAUSE YES  B PART : OR PART 2)  COUNTY  19  5001 and from the	NGS US S OF DE NO
WEDICAL MEDICAL	PART 2. OTHER SIG  PART 2. OTHER SIG  190 DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF ETIMER NOTEY MED  21d. INJURY OCCUR WHILE WHILE WHILE WHILE WHILE SOW the decease obove (1) We are	mediate mg the e last.  NIFICANT COLLEGE OF DEATH COLLEGE	DUE TO, OF ONDITIONS COME STATE OF THE PLACE COME STAT	R AS A CONSEQUED TO THE PROPERTY OF THE PROPER	DEATH BUT  DEATH OPERATIO  DAY YEAR  19  FARM EIC)	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  222. ADDRESS  224. ADDRESS  226. ADDRESS  226. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO CITY OR TO CITY OR TO COURSE ON THE COURSE OF THE COUR	20b. IF Y IN CERT	ES, WERE FIND: IFYING CAUSE YES  B PART : OR PART 2)  COUNTY  19  5001 and from the	that 11

DHMH - 16 50M 1/B1 (VRA 15, 4)

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		sand mount to	Sacili d	Linner
215 Inglestale Nee.	Y			100
NAME OF THE PROPERTY OF THE PR		Muramanico		
144 166 - 18/W A. in C	and contain	//857		

death certificate be executed within 24 haurs after death. Page 4 may be

injury, ar other troumatic event,

IMPORTANT: If them 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remaye carbon pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

etained by the hospital or attending physician.

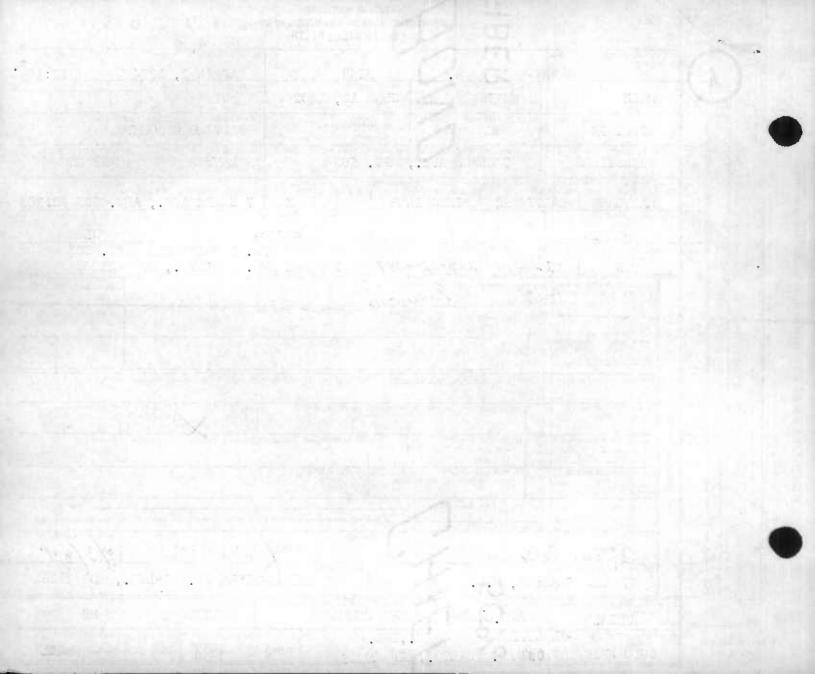
STATE OF MARYLAND	
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	1 - STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEATH	TPIENE	REG. NO	).	) 7	
-	1. DECEASED NAME	FIRST	. 79-18	MIDDLE	i.	AST	2a. [	DATE OF DEATH	MONTH (	DAY YEAR	2b. HOUR
Ĭ	(TYPE OR PRINT)	HARRY	7	н.		FINE		APRIL 2	1984		12:10 <sup>P</sup>
	3. SEX MALE		4 RACE WHITE		s. date o	E 18 % 1902 AR	6 A	GE (IN YEARS LAST BIRT		IF UNDER I YEAR	F UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE (STATE OF TRGINIA	OR FOREIGN	76. CITIZEN OF USA		MARRIES	NEVER MARRIED DIVORCED		BALTIMORE CITY O			MD.
1	PIKESVILI				RSING HOME C	TOTHER INSTITUTION 503	12a (TYP	USUAL OCCUPATION	ON WORKING LIF	12b. KIND (INDUSTRY	OF BUSINESS OR
-	USUAL RESIDENCE (IF M. ) STATE  MARYLAND	13b. COUN		136. CITY OR PIKES	TOWN	13d. INSIDE CITY LIMITS	( 7	STREET ADDRESS /			03 #21208
9	MORRIS		MIDDLE	FIN			RTHA	MIDDLE		BI	LUM
-	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) YES	(IF YES, GIV	MED FORCES? E WAR OR DATES) - ARMY	2/8-2	2-4387	7 SLADE		SOPHIEP BALTO		APT. 5	
		ny, which mmediate ting the use last.	(b) DUE TO, O	R AS A CONSI	EQUENCE OF	NOT RELATED TO THE TE	ERMINAL	DISEASE OR CONI	DITION GIV	EN IN PART 1	10
	190 DATE OF OPER	RATION	196 COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED		ES NO	IN CERTIF	S, WERE FIND YING CAUSE S [	INGS USED S OF DEATH? NO
	OR CONTRIBUTING [  (IF EITHER, NOTIFY MI  21d INJURY OCCU	CAUSE OF DEA	P. PLACE		DAY YEAR 19 FICE, FARM, ETC.)	211. LOCATION STREET	CURRED	CITY OR TO		COUNTY	STATE
		osed alive an			19, or	nd that in (my) (our) apini		to		r and from the	
	22h SIGNATURE	en le	lassy	ADI		DEGREE ATTENDING PHYSICIAN		EDICAL STAF		22c. DAT	SIGNED /8 4"
	STEPHE		SER, M.			600 REIS		TOWN RD.	BALT	O., MD	21208
	230. BURIAL, CREMATION BURIAL		APR.4	,1984	230. NAME OF C ANSHE	EMUNAH	RY 2	BARTTMO	RE	сопиту М	D STATE
	24 FUNERAL DIRECTOR	SOL	EVINSON	V & BR	OS. INC.	25a. C	DATE REC	D. BY REGISTRAR	25b. REGIST	RAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

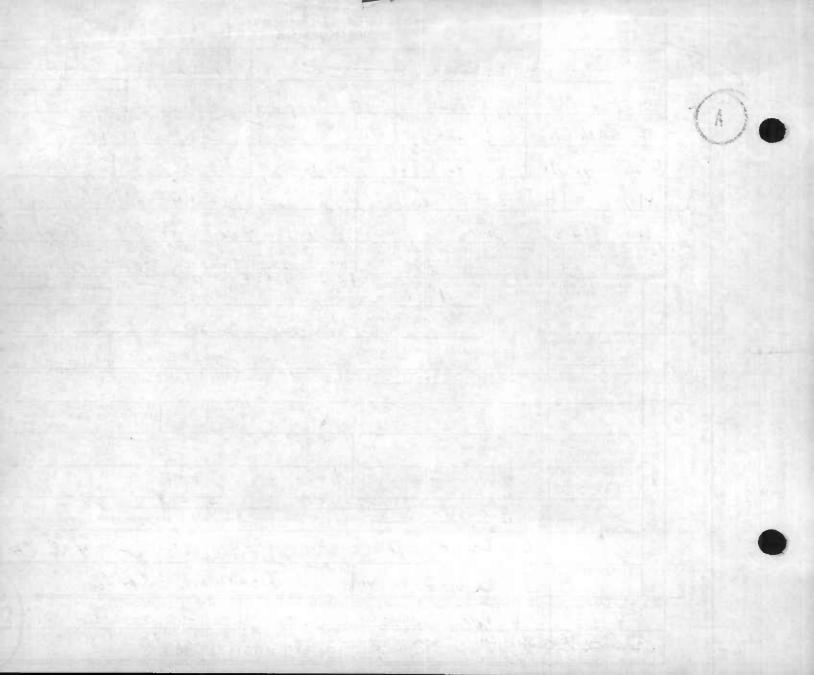
6010 REISTERSTOWN RD. BALTO.



X		1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE ()	9 REG. NO	3 7	U	
pe	. poge 3		OR PRINT)	FIRST		MIDDLE		FIORI	20. DATE O	PRIL	16 198	1	HOUR -
МО	p b	3. SE	×		1. RACE		S. DATE (		6. AGE (IN	EARS LAST BIRT	HDAY) IF UNI		UNDN 24 HRS. DURS MIN.
- 00 - 4	of o		MALE		WHIT	E	VON	. 9 1897	8	36	YRS	5 57.5	JAMES JAMES
eoth. Po	( A See al	7	THPLACE (STATE OR FO	ORE IGN	U.S.	what country ${f A}$ .	? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED		RECITY OF	COUNTY OF E	eath OUNTY	MD.
offer offer	100	1/	BALTIMORI			HOSPITAL, NURSI CH FACILITY, GIVE STREE LOCH LO		RD.	(TYPE OF WOR	OCCUPATION OF THE COLOR OF THE	WORKING LIFE) IN	DUSTRY	USINESS OR Const
AND 212		13a. S	MD.	13b COUN	OTHER INSTITUTION TY TIMORE	13c CITY OR TO	re admission) NN ORE	13d. INSIDE CITY LIMITS?		ADDRESS /	ZIP CODE H LOMO	ND RD	. 2123
MARYL MARYL	ompletely ond 2 s	1	THER'S NAME FIRST JOSE P	H	AIDDLE	FIOR		15. MOTHER'S MAIDEN NO.  OUINT		WIDDLE		UNKN	OWN
IMORE,	Poges.		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 217-16-		CONCETTA	DUPRE	(DGH		ME AD	DRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 haws	signed by the ottending hen please remove carbo to buriol, cremotton, or ra jury, or other troumotic i	NO	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN	ediote the last.	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT REPOSED TO THE TERN	MNAL DISEAS		DITION GIVEN II		
L RECOR	hos been permit. The prior was ony in	CERTIFICATION	190 DATE OF OPERAT	-		<u> </u>		N WAS PERFORMED	200 AUT	DPSY?	206 IF YES, WE IN CERTIFYING	CAUSES OF	S USED DEATH?
DIVISION OF VITAL TO HOSPITAL OR ATTENDING PHYSICIAN: The	retained by the hospital or attending physicion TO FUNERAL DIRECTOR. After this certificate his should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygies IMPORTANT: If them 21 is marked or them 18 should be applied to the property of the property	MEDICAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHIE AT WORK AT WORK 22a.1 certify that (I) sow the deceose obove, (I) (work of 27b. SIGNATURE)  22d. PHYSICIAN S. N.A. DR	AUSE OF DEA! AL EXAMINER) ED  RE (this hospit d olive on id) (did not)  ME (TYPE OF	PRINT)  HOUR A P  21e. PLACE (AT HOME, ST  ol) ottended to  PRINT)  HN HYI	.M. MONTH I	19 , FARM, ETC.)	7527 B	, to	CITY OR TOV  CITY OR TOV  CITY OR TOV  STAF  PHYSIC  RD.	VN Cond hour and	OUNTY tho	state t ex (we) lost uses toted
	BP		BURIAL, CREMATION, I		23b. DATE 4/19	/84 F	HOLY	EMETERY OR CREMATORY REDEEMER	B	ALTI		ML	
	H - 16 50M 4/B3	74. F	O 7 O 5 PE			ADDRESS					256 REGISTRAR'S		ndelle.

A Throught the tententle color Dem gar Dispute Personal Charles and with the property of the story 488 19 884 61 Each

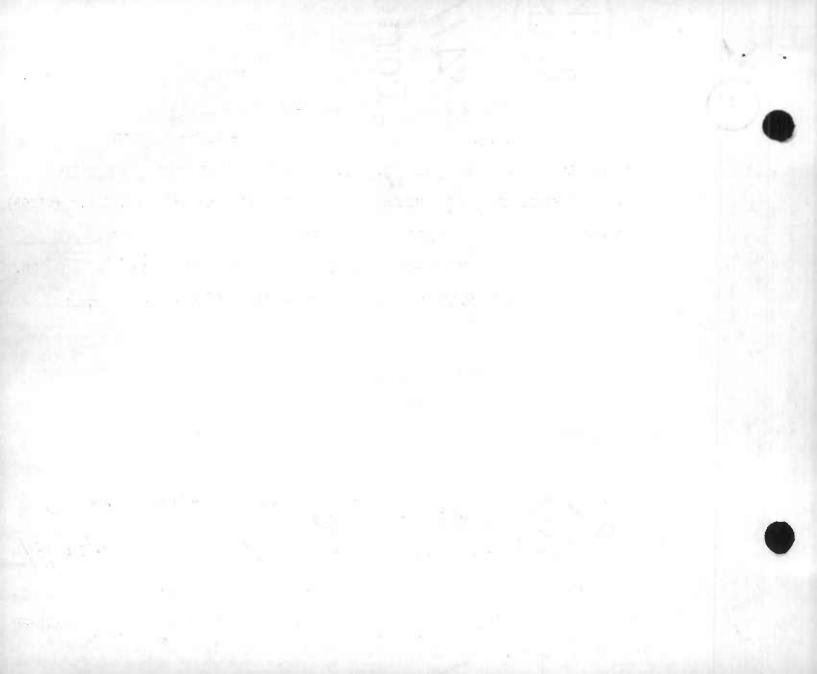
STATE OF MARYLAND



STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEXTH '		REG. NO					
	EASED NAME	FIRST		MIDDLE	L	ASI		20. DATE O		ONTH	DAY	YEAR	2b. HOU	JR A
ITPE	OR PRINT)	ANNA		MAY	F	LEMING				3	2	84	83	OPM
SEX		No.	4 RACE		5. DATE C		VEAR	6. AGE (IN	YEARS LAST BIRTH	DAY)	# UND	ER I YEAR	IF UNDER	24 HRS MIN.
1	FEMALE		WHITE		2 2	20	1896	88		YRS.	MONTHS	DATS	HOURS	anthi.
	THPLACE (STAT	E OR FOREIGN	75 CITIZEN O	WHAT COUNTRY?	8	□ NEVES	MARRIED -	9. BALTIMO	RE CITY OR		Y OF D	EATH		
120	aryland		U.S.	Α.	WIDOWE		ONORCED [		LTIMOF	RE CO	TAUC	Y		MD.
0. CI	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		OCCUPATION NOST OF			KIND O	F BUSINE	ESS OR
-	TIMORE		INGLEN	DOK NURSI	NG HO	ME			E MAKE				HOME	
JSUA 30 S		NURSING HOME OF		13c. CITY OR TOW		113d INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	Œ			
MA	RYLAND	BALT	IMORE	BALTIMOR	E	YES XX	NO T	431 G	wynn A	ve.	Bal	timo	re.	21229
I FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHE	R'S MAIDEN N	IAME	WIDDLE			LAS	ī	
	DANIEL			JAMISON		BA	RBARA				B	REND		
	AS DECEASED E		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORA	AANT		ADDRES	S			J =	10-4
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	Dr. No	rman Kl	eimman			3803	Edmon	dson Av		cons	/ill	e, M	d. 2	1229
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DHMH - 16 50M 4/83 (VRA 15, 4)

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3/6/84 BURIAL

BALTIMORE NATIONAL

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24 FUNERAL DIRECTOR M. & Russell C. Witzke Funeral Homes DATE REC D. BY REGISTRAR 256. REGISTRAR

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Dundalk, MD. 21222

FOR

14. FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

**DHMH - 17** 

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

REGISTRAR'S SIGNATURE

ulia Daydron-Handell

25a. DATE REC'D. BY REGISTRAR

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## STATE OF MARYLAND

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0	Female	Whit	е	May S	, 1909	74	YRS		HOURS	MIN.
7a.	BIRTHPLACE (STATE OR FO COUNTRY)  Maryland	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED					MD.
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	UAL RESIDENCE (IF NURSI	ng home or other institution 13b COUNTY  Baltimore	GIVE RESIDENCE BEFOR  13c. CITY OR TOV  Woodlar	WID YE	INSIDE CITY LIMITS?			oring Ro	ad :	2120
1	FATHER'S NAME FIRST Philip	WIDDLE	Booker	Sr.	MOTHER'S MAIDEN N FIRST  Elizabe	eth Middle		LAS	igle	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-03-		Marie W. H		Same a		MATE INTERV	
-	Conditions, if any, gove rise to imm cause (a), statin underlying couse	nediate )	r as a conseou	IENCE OF	c Cardiovas		GIVEN IN PART Ito			
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230	James BURIAL, CREMATION,		I.D. 23c.	NAME OF CEME	L13 Common	wealth Aver	nue, Ba	COUNTY		TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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morked or Item 18 shows

should be detoched for use with the State Dept. of Hea IMPORTANT: If Hem 21 is m TO FUNERAL DIRECTOR:

(SPECIFY)

New Cathedral Cemeter From Michael Russell C. Witzke Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228

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should be detached for use as the burial-transitimith the State Dept. of Health and Mental Hygie IMPORTANT: If hem 21 is marked at Item. 18 stay

FOR - STATE

STATE OF MARYLAND CERTIFIC ATE OF DEATH

ECE ASED NAME  PPE OR PRINT)  E  SEX				ATE OF DEATH	REG. N	O.		
Ei	FIRST	MIDDLE	LAS		20. DATE OF DEATH		DAY YEAR	2b. HOUR
EX	MER H	ERBERT	FOS	LER	April 1			
	4 RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Whit	e		ber 7, 1915	68	YRS.	NORTH DATA	HOURS MIN
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WAS DECEASED EVER				7. INFORMANT	ADDR	ESS		
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Ruck Towson Funeral Home, Inc. Towson, Maryland APR

DHMH - 16 50M 4/83 (VRA 15, 4)

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9300 1 thanky Rood Randallstown, Maryland 21133

(VRA 15, 4)

STATE OF MARYLAND

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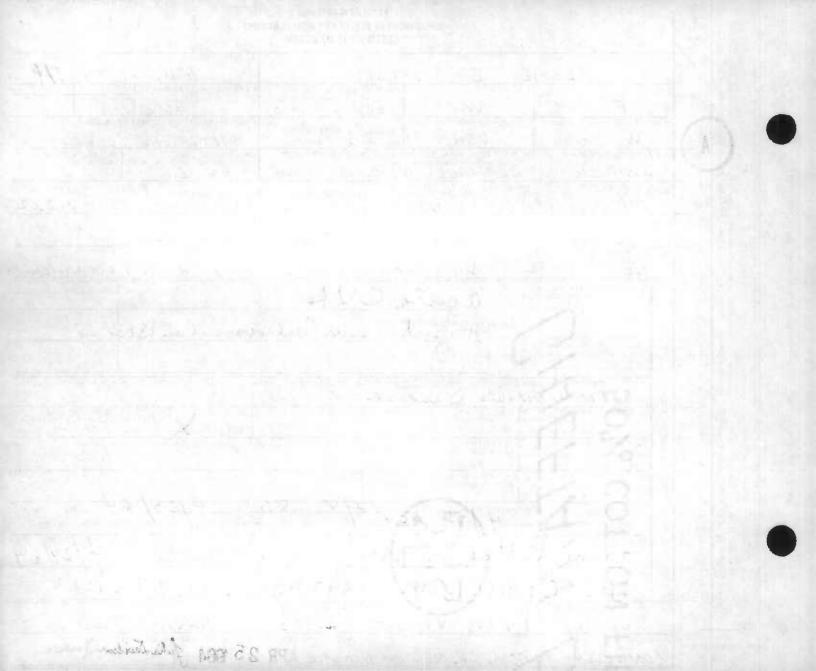
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1 6	1	MALE		Whi	ite	O7	28	35	48	YRS.	THS DAYS	HOURS MIN.
量力/		RTHPLACE (STATE OR FOI	REIGN 7b. C	ITIZEN OF V	WHAT COUNTR	Y? 8.	- XNEVED	MARRIED 🗆	9 BALTIMORE CITY O		DEATH	
10		ennsylvania	a	USA		WIDOWE		NORCED .	BALTIMOR	E COU	YTY	MD.
127		ITY OR TOWN OF DEAT	Н 11.	NAME OF H	OSPITAL, NURS	SING HOME C	R OTHER IN	ST(TGBMC)	120 USUAL OCCUPATE		126 KIND OF	F BUSINESS OR
20	LT	OWSON	6	701 N	ORTH (	CHARLE	S STR	REET	Self-empl	oved	Acco	unting
301	USU 13a.	AL RESIDENCE (# NURSIN	G HOME OR OTHE	R INSTITUTION,	GIVE RESIDENCE BEF		13d INSIDE	CITY LIMITS?	Tax Consu	ultant	Part	nership
20			Baltim	ore	Cocke			NO 🗓	916 Saxor		Dr21	030
( And A	ALF.	ATHER'S NAME	MIDDE	F	EAST	THE T	15. MOTHER	S MAIDEN NAM	MIDDLE		LAST	
370	1	Edward		nry	Fox		Ka	therine			Her	
lo /		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED		166 SOCIAL SE		17 INFORM	ANT	ADDRE	SS		
medico	1	Yes	59-6		165-2	8-8704	Patr	icia J.	Fox. 916 S	axon E	Hill D	r
th,		II CAUSE OF DEATH	(Enter only on	ne couse per	line for (a), (b),	and (ci.)	,	,	21030		BETWEEN	MATE INTERVAL
anpaper emaval.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Mystardial Conference									8 hr.	
arrod arre		4100			R ASIA CONSEC	NIENCE OF						
nave carb lation, ar I traumatic	100	Conditions, if any,		(6)	ASCUL						years	
r tro		gave rise to imme	ediote )	(0)	R AS A CONSEC	NIENCE OF						THE PLAN
, cre athe	1	underlying cause	lost.	(5)	RAS A CUNSEC	DUENCE OF						
ים י		PART 2. OTHER SIGNI	IFICANT CON	DITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
5 5	Z	Hone	_									
17	1	19a DATE OF OPERATION	ON	19b. CONDI	TION FOR WHI	CH OPERATIO	WAS PERF	ORMED	70a AUTOPSY?	206. IF YES, W	VERE FINDIN	IGS USED
1/	Ĕ	NA		-	_				YES NO D	IN CERTIFYIN		NO
17	CERTIFICATION	21a. ACCIDENT WAS UNDE		21b. TIME O		5 4 W WE : 5	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF HIJU	RY IN ITEM IB PART	LORPART 2)	
Wental P		OR CONTRIBUTING CA		HOUR A./	M. MONTH	DAY YEAR	Lange					
# /	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		21f LOCAT				COUNTY	STATE
pea	Z	WHILE NOT WHILE	E 🗍	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC )	STRE	ET	CITY OR TO	WN	COUNTY	STATE
D E		22m.1 certify that (I) (I		nttended the	e deceased from	APR	L 1	5 10 84	- APRH	L 15 10	84	that (1) (we) last
₽ = =		saw the deceased	d alive on	APRI	1519	1984. ar	d that in (m)	y) (aur) apinian d	leath accurred on the de	ate and haur a	nd Irom the	couses stated
thed for them 2		obove, (I) (we) (die 22b. SIGNATURE	d) (did not) vie	w the body	after death.		DEGREE				22c DATE	
		MA	ine			7	18	ATTENDING	MEDICAL STAI	FF C	4/18	104
Stor -1		774 PHYSICIAN'S NA	ME CTYPE OF PRIN	41)		"	77e ADDRE		DIRECTOR PHYSIC	IAN []	1 1/10/	07
MPORTANT		TN. FER					1010	PAT SOF	ZING Rd.			
with the State IMPORTANT: If	22			DAYF	I as	L NIAME OF C			123d LOCATION			
	230.	BURIAL, CREMATION, R (SPECIFY)  Burial  UNERAL DIRECTOR		A / A O /				CREMATORY	CITY OF TOWN		OUNTY	STATE
	24.5	Burial	125.	4/18/			Valle	ey Cem.		m B	alto.	Md.
M 4/83		NAME		Ova	ADDRES	S		1PR	REC'D. BY REGISTRAR	B. REGISTRA	K S SIGNATI	UKE
15, 4)	V	lartin D. 'L	awson	, 10	W. Pad	lonia R	d.	11.11	1 3 504 7	www.	the state of	THE

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SALTIMORE COUNTY	(2)(2)		كالسائد الماسية
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	e de la company		
B. C. H. Hurman .		10 [ 18] 81	D Later Till
13 1994 Million Strates Application	971) Jacob	127. 845	and the contract of the contra

1	n.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 9 3 8	
7/	_	REGISTRAR			REG. NO.	
n = 1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
or death				RALEY		23 84 174 M
	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		F	W.	FEB 5 1908	76 YRS.	
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
19	2	W. VA.	VSA	WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
91		TY OR TOWN OF DEATH  DUNDALK	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) NURSING HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
25	USU 136. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS B	AUTO. MO
100	14. F	ATHER'S NAME	LTO. DUNDA	YES NO	2910 DUNGRIN	CT. 2/222
W 3C	2	GEORGE	RADCLIFFE	I DA	LAN DIS	LAST
medica		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
E		NO	- 214-05-	7040 A. MANNE	DIETRICH 35	15 LOGANVIEW DR.
ury, ar ather troumatic	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OF TES SIGNALICANT	DUE TO, OR AS A CONSEQUENT OF TO OR AS A CONSEQUENCE ON OUT OF THE CONTRIBUTING TO	rensun Cudi	MINAL DISEASE OR CONDITION G	USE LOCI
5	CERTIFICATION	ranca	17 10 100	ose		
Z any	ICA ICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	ET.			In Howard Co.		res NO
9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
	MEL	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK	24 () =14 d= had d d = 1 f	2/4 07	4/25/	64
	100	sow the deceased alive or	oital) attended the deceased from 19	54, and that in (my) (our) opinion	n death occurred on the date and ha	that (I) (we) lost our and from the causes stated
T LL		22b. SIGNATURE	ot) view the body after death.	DEGREE		IN DATE FIGNED
¥ 		Theo Cit	atterson	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14/24/84
IMPORTANT: IF		THEO, C	PATTERSON	1 220 ADDRESS 3427 b	nuds IK Wd	21222
≤	23a E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		BURIAL	4/25/84 1	BACTO. NATL	BALTO.	MD.
4/82	100	INERAL DIRECTOR	ADDRESS	25a. DA	ATE REC'D. BY REGISTRAR 156 REGIS	
	C		UNCIAL HOME	OF DUNDAUR APR	25 1984 guliede	well-Handell.



1630 Edmondson Avenue, Catonsville, Md. 21228

MIDOLE

FOR

- STATE

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH

2b HOUR

HOURS

12b. KIND OF BUSINESS OR

INDUSTRY

YES [

COUNTY

COUNTY

22c. DATE SIGNED

4/30/84

STATE

Own Home

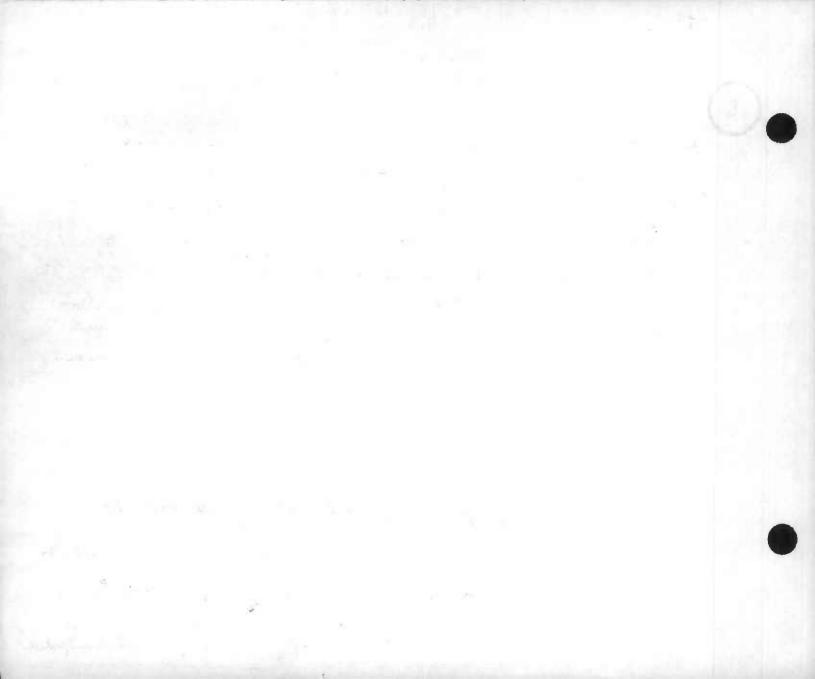
21228

Shipley

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

8:15P M



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

									KEG. NO.				
		CEASED NAME OR PRINT)	FANNY		MIDDLE		RANKLE		20. DATE OF DEATH MATERIAL APRIL		20,1984	2b. HOU 2:3	
ł	3. SEX			4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTH	(YAC	IF UNDER 1 YEAR	IF UNDER	R 24 HRS
1		FEMALE WHITE			MA		1906	77	YRS	MONTHS DAYS	HOURS	MIN.	
A		RTHPLACE (STATEOR	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8			9 BALTIMORE CITY OR				
Ы		MARY LAND			USA	WIDOWE	D NEVER	MARRIED U	BALTIMORE	COU	NTY		MD.
4	Section 1	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR	RSING HOME C	R OTHER INS	TITUTION	12a USUAL OCCUPATION		12b. KIND C		
A	В	ALTIMORE	1	(# NOT IN SUE	J4°MTLBI	ROOK PAI	RK DR.,	APT. (1)	HOUSEWIFE	ORKING	S LIFE) INDUSTRY	HOME	
7	JSÜA	L RESIDENCE (IF NURS		OTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)					#212	15	
	13a. S ΜΔ	RYLAND	136 COUN	IMORE	BALTIM		13d INSIDE C	NO IX	13e STREET ADDRESS / 7	OK	PARK DR	. , A!	PT. 1
4	-	THER'S NAME	DATE	Inone	DICELLE	TOTAL		S MAIDEN NAM					
71	1	FIRST		MIDDLE	CAST	- 1		FIRST	MIDDLE	1	LAS	ST	
ч	160.30	AS DECEASED EVER		MED FORCES?	COH.		17 INFORM	NIMD IA	EL FRANKDES	-			
		ES, NO OR UNKNOWN)		E WAR OR DATES)	220-12				OOK RD., RAI		LLSTOWN,	MD	21133
							0300		,			MATE INTE	RVAL
П		PART I. DEATH W	AS CAUSE	ly ane cause per DBY:	line far (a), (b)	, and ic	1/4	1800 1500	0.00		BETWEEN	ONSET AND	DEATH
1		11795	IMMEDIAT	E CAUSE (a)	37 30	V D a	LGN IF	Jacon	TECH		10	4x	<u>s</u>
1		4212	•	DUE TO, O	R AS A CONSE	OUENCE OF							
ı		Conditions, if any gave rise to imi		(b)									
1		cause (o), statir underlying couse	ng the	DUE TO, O	R AS A CONSE	OUENCE OF							
		(c)											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	OT.	190 DATE OF OPERA			ITION FOR WH	ICH OPERATIO	NI WAS DEDEC	splene	200 AUTOPSY?	20h 1F	YES, WERE FINDI	NGS LISE	D
4	CERTIFICATION	196 DATE OF OPERA	TION	198. COND	IIION FOR WH	IICH OFERATIO	IN WAS PERFO	MINIED			RTIFYING CAUSES	OF DEA	TH?
	RT	21a. ACCIDENT WAS UN	DEBLUMIC F	1 21b. TIME C	VE INTITION		Tale HOW IN	LILIDY OCCURR	YES NO X		YES	NO [	
1		OR CONTRIBUTING	_	110110 4	M. MONTH	DAY YEAR	210.110W	JONI OCCORR	ED (ENIER NATURE OF INJURT	NIEW	IB PART TORPART 2)		
1	CA	(IF EITHER, NOTIFY MEDI			M.	19	NI 10617	ON					
	MEDICAL	21d INJURY OCCUR		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATI STREE	T ON	CITY OR TOW	4	COUNTY		STATE
		AT WORK AT WO	RK						11/10				
		22a.1 certify that (1)		ACC /		57% /	957	19	10 4 11 9			thot (I) (	
ļ		saw the deceas abave, (I) (we) (	ed alive on, did) (did na	) view the body	after death.	907 . 01		(our) apinion o	death accurred an the date	and I			ated
		226 SIGNATURE		2 9/		3000	DEGREE	ATTENDING ,	MEDICAL _ STAFF		22c. DATE	SIGNED	
		Mer	and 1	1. Ka	lew.	) / / / \		PHYSICIAN 2	DIRECTOR PHYSICIA	'N 🗌	7/2	10	y
1		22d. PHYSICIAN'S N					22e ADDRE						
		EDWAR	DS.	KALLINS			600	D PARK I	HEIGHTS AVE	(2	21215)		
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		73c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY		STATE
	· '	BURIAL		4/22,	/84	MOSES M	ONTEF I	ORE CEM	BALTIMOR	Ε,		E, M	ID.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

DHMH - 16 50M 4/83 (VRA 15, 4)



1-	FOR STATE REGISTRA
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	050	10		

REGISTRAR				CERTIFICATE OF DEATH	REG. NO	O			
DECEASED NAME	FIRST	MID	DLE	LAST		MONTH	DAY Y	EAR 2b	HOUR
De	onald	J	[	Frederick	THE RELEGIO	4	9 8	34 3	30
s. SEX male	4. RAC	CE whit	e	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY)	MONTHS		UNDER 24 H
BIRTHPLACE (STATE OF COUNTRY)  Maryland	r eoreign :76. C17		HAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Do I bamos	R COUNT		тн	
10. CITY OR TOWN OF D  Baltimore	2	7309	Wenig A		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		12b. KI INDU: Bet	IND OF BI	eel (
USUAL RESIDENCE (IF NO 13a STATE Maryland	136 COUNTY Baltimo	113	VE RESIDENCE BEFORE 36. CITY OR TOW		130 SIREEI ADDRESS 7309 Weni	g Ave	nue	2122	2
Louis	MIDDLE		ederick	15. MOTHER'S MAIDEN N	BJDDIK		Oal	LAST	
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)  YES	(IF YES, GIVE WAR O	OR DATEST	66 SOCIAL SECU 212 24 7		rick 7309 Wes		venue	e,Bal	to,M
18 CAUSE OF DEA	ATH (Enter only one	cause per lir	ne far (a), (b), and	d (c).)	O.		8ET	APPROXIMAT	E INTERVAL ET AND DEAT
PART I. DEATH	WAS CAUSED BY:		/1	ente Resoundous	Failure			from	nel
199	/	DUE TO, OR	AS A CONSEQUE	ENCE OF OCT	000			> UA	1
Canditians, if ar gave rise to in cause (a), sto underlying cou	ny, which mmediate ting the	(b)	AS A CONSEQUE	Glenowe a	bloking Dur Denocateino	ma		2 yr	s hs
gave rise to in cause (a), sto underlying cou PART 2. OTHER SI	my, which mmediate ting the lost.	(b)OUE TO, OR A	as a conseque	Glenowe a	benocaleino RMINAL DISEASE OR CONI	ma DITION GI	VEN IN PA	2-41 12-9 ART 1(0)	hs
gave rise to in cause (a), sto underlying cou	ny, which mmediate ting the isse lost.	(b) OUE TO, OR A (c) DITIONS CON	AS A CONSEQUE	ENCE OF Mucinous Or	Denocaleino  RMINAL DISEASE OR CONI  200 AUTOPSY?  YES   NO	20b. IF YE	VEN IN PA	INDINGS AUSES OF	
PART 2. OTHER SINGLE OF OPER 210. ACCIDENT WAS L	ny, which mmediate fing the see lost.  GNIFICANT COND  RATION  UNDERLYING 2  CAUSE OF DEATH	(b)	AS A CONSEQUE	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE F FYING CA ES []	FINDINGS AUSES OF	DEATH?
PART 2. OTHER SIL	DOY, which mmediate ting the se lost.  GNIFICANT COND  RATION  INDERLYING 7  CAUSE OF DEATH  EDICAL EXAMINER)  JURRED 2	(b)	AS A CONSEQUE  ATRIBUTING TO E  ON FOR WHICH  INJURY  MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOPSY?  YES NO DIPRED (ENTER NATURE OF INJUST  CITY OR TO:	20b. IF YE IN CERTI YI RY IN ITEM 18.	S, WERE F FYING CA ES []	FINDINGS AUSES OF N ART 2)	DEATH?
GOVER TISE to it cause (a), sto underlying counderlying counderlying counderlying)  PART 2. OTHER SIGNATURE SIGNATUR	DOWNING DOWNIN	(b)	AS A CONSEQUE  AS A CONSEQUE  ON FOR WHICH  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, F  deceosed from	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOPSY? YES NO NIPORTOR NATURE OF INJUST CITY OR TO	20b. IF YE IN CERTI YI	S, WERE F FYING CA ES PART I ORPA COUN	FINDINGS AUSES OF P ART 2)	STATE
GOVER TISE to it cause (a), sto underlying counderlying counderlying counderlying)  PART 2. OTHER SIGNATURE SIGNATUR	DOTAL EXAMINER)  DOTAL EXAMINER  DOTAL EXAMINE	(b)	AS A CONSEQUE  AS A CONSEQUE  ON FOR WHICH  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, F  deceosed from	OPERATION WAS PERFORMED  AY YEAR 19  21f. LOCATION  ARM. ETC.)  21f. LOCATION  ARM. ETC.)  21f. LOCATION  DEGREE  ATTENDING	280 AUTOPSY? YES NO DIFFERENTIAL PROPERTIES OF INJUST OF TO TO THE PROPERTIES OF THE	20b. IF YE IN CERTI Y! Y! IN ITEM 18, www.	S, WERE F FYING CA ES	FINDINGS AUSES OF P ART 2)	STATE  (I) (we)-II ses stoted
GREET WAS UNDER SITE OF OPER SITE OF OPER SITE OF OPER SITE OF CONTRIBUTING SITE OF CONTRIBUTION SITE OF CONTRIBUTION SITE OF CONTRIBUT	DOTAL EXAMINER)  DOTAL EXAMINER  DOTAL EXAMINE	(b)	AS A CONSEQUE  AS A CONSEQUE  ON FOR WHICH  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, F  deceosed from	OPERATION WAS PERFORMED  AY YEAR 19  21f. LOCATION  ARM. ETC.)  21f. LOCATION  ARM. ETC.)  21f. LOCATION  DEGREE  ATTENDING	200 AUTOPSY?  YES NO STATEMENT NOT NOT NOT NOT NOT NOT NOT NOT NOT N	20b. IF YE IN CERTI Y! Y! IN ITEM 18, www.	S, WERE F FYING CA ES	FINDINGS AUSES OF MART 2)	STATE  (I) (we)-II ses stoted
GREET WAS UNDER SITE OF OPER SITE OF OPER SITE OF OPER SITE OF CONTRIBUTING SITE OF CONTRIBUTION SITE OF CONTRIBUTION SITE OF CONTRIBUT	DOWN WHICH THE PROPERTY OF THE	(b)	AS A CONSEQUE  ATRIBUTING TO D  ON FOR WHICH  INJURY MONTH DA  FINJURY I, FACTORY, OFFICE, F  deceosed from  19  1231. N	OPERATION WAS PERFORMED  211. LOCATION ARM, ETC.)  211. LOCATION STREET  2 -12 19 6 6  44, ond that in (my) controling PHYSICIAN	280 AUTOPSY?  YES NO DIRRED (ENTER NATURE OF INJUST  CITY OR TO:  On death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YE IN CERTI YI YI YE IN TEM 18.	S, WERE F FYING CA ES	ART 2)  ART 2)  ART 2  ART 2  ART 2  DATE SIG	STATE  (I) (we) ses stoted

1005 Dundalk Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

Walter Dabrowski

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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APR 16 884 July Lindon Portuged

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10	, ,		
	CEASED NAME FIRST		MIDDLE	t	ASI	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1125	PE OR PRINT)	ARON	A NNE	FRE	DERICK		4	14 84	11:15Am	
3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	FEMALE	WHITE		JULY	14, 1950 YEAR	33	YRS.	MONTHS DAYS	HOURS MIN.	
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D X NEVER MARRIED DIONORCED	Baltimore city			MD	
1	Towson	Greater	Baltimor	e Med	ical Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST BOOK KEE	OF WORKING	126. KIND O	F BUSINESS OR	
130			BELCAMP		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1275 COLI	ZIP COU	ANE 210	17	
1		MIDDLE HOMAS	NARDI		PATRICIA	M.		McCOU.		
	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, C)	RMED FORCES? GIVE WAR OR DATES)	217-62-5		RAYMOND E. FI	ADDR REDERICK 12		OLLIER L	A. 21017	
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		IVEN IN PART 110		
IFIC.	THE DATE OF CHARTON	IN COND	INDIVIOR WINCH	OILKAIIO	IN WAS PERI ORMED		IN CERT	IFYING CAUSES		
	210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	RIG. ACCIDENT WAS UNDERLYING							NO []	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE	
	sow the deceased alive a abave, (I) (we) (did) (did r	22a1 certify that (1) (this hospital) attended the deceased from April 13, 19.84, to April 14, 19.84, that (1) (we) lost sow the deceased alive an April 14 and the deceased alive and April 14 and the deceased alive alive alive alive alive and the deceased alive aliv								
	12 59	8m	2			MEDICAL STA	AFF CIANA	22c. DATE 4-1	4-84	
	224 MAYSICIAN STRAME INH	DE MENTS			22e ADDRESS					
	Ronald L. S	Sirota, N	1.D.		6701 N. Char	rles St. To	wson,	MD 212	04	

DHMH - 16 50M 4/83

BP.

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR LTYPE OR PRINTS David H. Friedemann, Sr. April 12, 1984 A AGE (IN YEARS LAST BIRTHOAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY HOURS M Jan. 11, 1924 60 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED COUNTRY Baltimore Co.. Baltimore, Md. USA DIVORCED [ WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore Anneslie Road Ass't Tech. Phone Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13e.STREET ADDRESS / ZIP CODE 704 Anneslie Road Baltimore Baltimore 13d. INSIDE CITY LIMITS? Md. 21212 YES [] NO IX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Florence Richter Abe Friedemann 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 704 Anneslie Rd. 218 18 9702 Mrs. Dorothy F. Friedemaan APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CANCER PANCREATIL KONT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE JUNK 27a. I certify that (I) (this haspital) attended the deceased from, APRIL saw the deceased alive an \_\_\_\_ and that in (my) (auth-opinian death occurred on the date and haur and from the causes stated above, (1) (was taled) (did not) view the bady after death 276 SIGNATUR DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'SN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE |SPECIFY| Burial Baltimore, Md. STATE 4/14/84 Druid Ridge Cem. 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

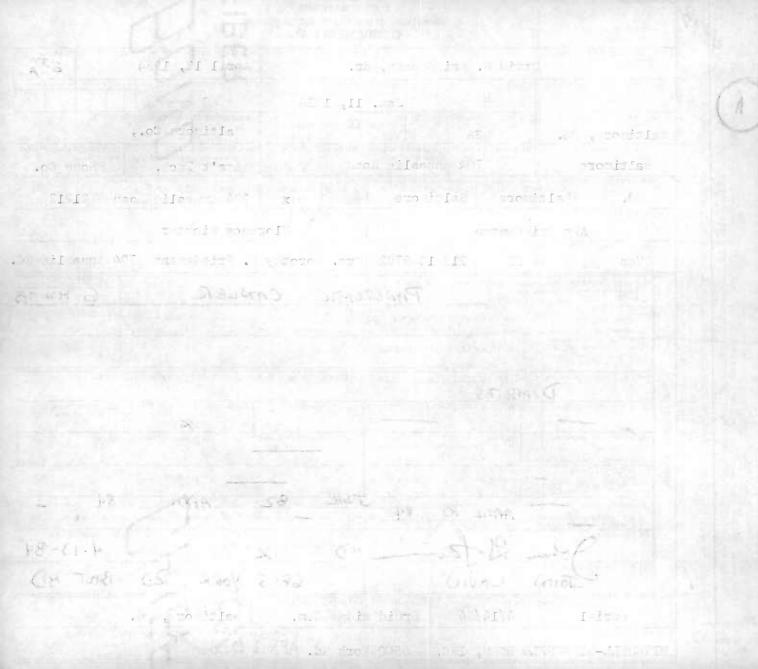
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MITCHELL-WIEDEFELD HOME. INC.

6500 York Rd.

n Davidson

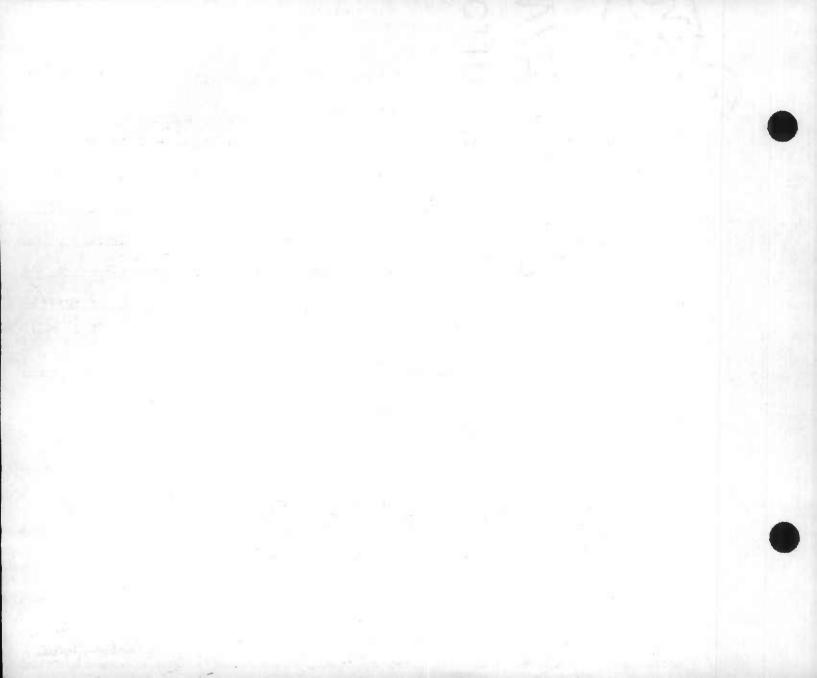


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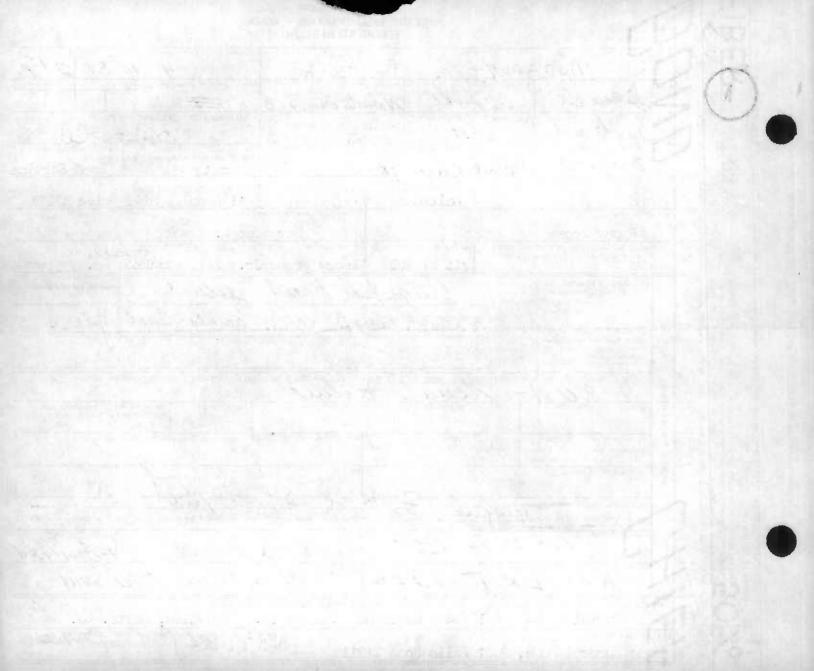
1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	O. C	8	
	DECEASED NAME FIRST	WIDDLE	Ĭ.	AST	20. DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
		THER VIRG	INIA	FRIEDMAN	April	29.	1984	6" PM
3. 5	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	Sep		71	YRS.		
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	U.S.A.	WIDOWE	DINORCED [	Baltim		ounty	MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C	ROTHER INSTITUTION	12a. USUAL OCCUPATI			F BUSINESS OR
11	Catonsville	2029 Edmon	dson A	venue	Homemake		Own I	Tome
US 130	SUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE I	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		03.000
1	Maryland Bal	ltimore Cato	nsville	YES NO NO	2029 Edm	ondso	n Aver	nue 1228
14.	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
1	Irving	Wallace		Fannie	2		Shores	
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	3826 P	ss errvh	urst I	Place
	No		7-9745	Robert L.	Cox Sr.B	altim	ore.Mo	1.21236
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b	oi, and in				BETWEEN	MATE INTERVAL
1	PART I. DEATH WAS CAUSE	ED BY. ITE CAUSE (a) Rene	I faste	re			2	week
	1830	DUE TO, OR AS ACONS	EOLIENCE OF		F.			
1	Canditians, if ony, which	( 16) Rece	west	ovarion Co	recoma		2	2 200,
L	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOLIENCE OF					
П	underlying cause last	(6)	EGOLIACE OI					
Z		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	1
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED	
/ 1	2				YES TI NOT		YING CAUSES	OF DEATH?
7 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
			DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	- 1			
2	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OF	FFICE, FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
1	220 I certify that (1) this hosp	utal) attended the deceased li	rom 6/	7 19 8	2 10 4/0	9	1984	that (I) we) lost
		at) view he bady after death.	1000 /	nd that in (my) (aur) apinian	death occurred on the d	ate and havi	and fram the	causes stated
1	abave, (I) (we) did) (did no	at) view the bady after death.	-	DEGREE			22c. DATE	SIGNED
	allem C	OD MUCH BUT	7		MEDICAL STA			
7	226. PHYSICIAN'S NAME (TYPE	DEPENT)		22e ADDRESS				
	William Wate	erfield M.D.		900 Caton A	Avenue, Balti	more,	Md. 21	229
230	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Entombment	5/2/84	Druid R	idge Mausoleu	m Pikesvill	e		Md.
24	LETERAL DIRECTOR & Rus	ssell C. Wit	zke Fu	neral Holles	E'REC'D. BY REGISTRAR	251000	2.21	2.00
1	630 Edmondson	Avenue Cato	nsville.	Md. 21228MA	Y 1 1984	Junary	unidan-l	Tonacase.

DHMH - 16 50M 4/83 (VRA 15, 4)

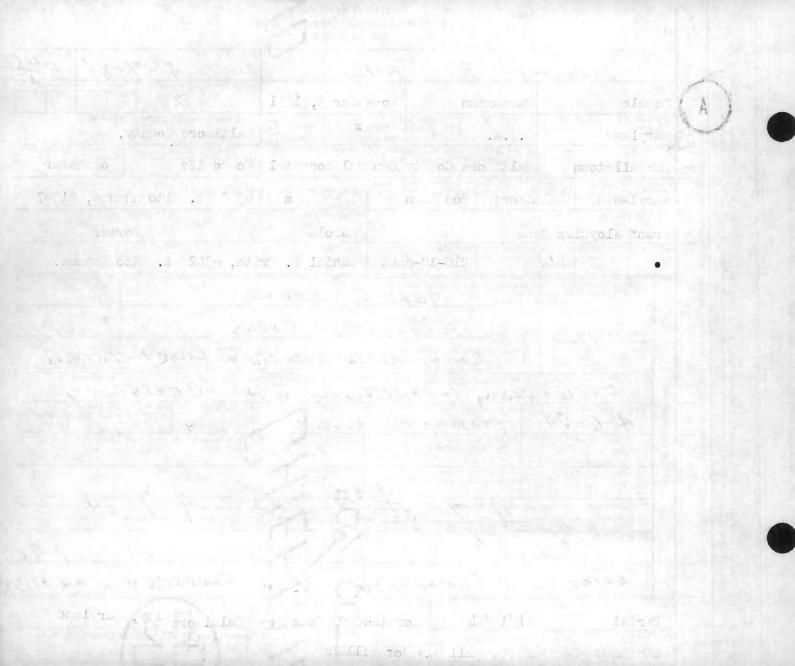
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2 1	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYGI	ENE O RES NO.	3 8 9
	PE OR PRINT) MA	RARET A.	S. DATE C	of BIRTH  DAY  VEAR  VEA	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS
201	BIRTHPLACE (SATE OF FOREN	76 CITIZEN OF WHAT COU	MARRIE		9. BALTIMORE CITY OR C	BALto Co.
40	Langers	HOME OR OTHER INSTITUTION, GIVE RESIDENCE	E STREET ADDRESS)	N	Secretary	
45 130	STATE NAME	COUNTY 13c CITY O		13d. INSIDE CITY LIMITS? YES X NO  15. MOTHER'S MAIDEN NAM		Hill Drive 2121
20	Emory Brow	m	AST	First Margat	ret W. Frank	LAST
2 160	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	1. SECURITY NO. 2022	Emory Brown	Jr. 2811 Ste	Phoenix, Md ockton Rd. 211
or to burst, creating y injury, or other	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI		
8 show ony injured as the state of the state	19a DATE OF OPERATION		WHICH DEFRATIO	21c. HOW INJURY OCCURR	YES NO	ROB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NOTE OF PART 2)
ked or hem 18 MEDICAL C	OR CONTRIBUTING CAUS  JIF EITHER NOTHY MEDICALE  21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	XAMINER) P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY.	19	TH LOCATION	CITY OR TOWN	
pt of Health em 21 is mo	sow the deceased a	s hospitally attended the decased live on Advisory of the decased (declaret) view the body after death	180/0	nd that in (my) (600) opinion to	eath occurred on the date	19, that (II (word and hour and from the causes sta
APORTANT, IF	22d PHYSICIAN'S NAME WAL	(IYPE ORPRINI) TER TO	KEES	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	14
230	BURIAL, CREMATION, REM (SPECIFY) Burial	4/13/84		emetery or crematory nd Memorial Pk	Parkville	, Balto. Co. Md
	FUNERAL DIRECTOR	Home, 3631 Falls		25A DATE		REGISTRAS'S SIGNATURE



(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AN		IENE 0 9 3	9 1
1. DE	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPI	E OR PRINT)	1100:00 D	Foosill	11	008.1 17	1984 LP. "
3. SE	X	T4. RACE	5. DATE OF BIRTH	ICFL	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-		T. KACE	MONTH DA	- 20-	O to	MONTHS DAYS HOURS MIN.
12	21,1975	WHITE	7561. 3	5 1899		RS.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEV	ER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
	JARYLAND -	1 U.S.A.	WIDOWED	DIVORCED	BALTIMORE	COUNTY MD.
10. C	ITY OR TOWN OF DEATH	1,1. NAME OF HOSPITAL, NU		INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
7	ARKVILLS	JENOT IN SUCH FACILITY, GIVE S	K DRIVE		TYPE OF WORK FOR MOST OF WORK	INDUSTRY
130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE B JNTY 132 CITY OR T		DE CITY LIMITS?	130 STREET ADDRESS	DRIVS 21234
14 F	ATHER'S NAME		15. MOTH	IER'S MAIDEN NA		
	SOLDARO	MIDDLE CAST	04	AL S	WIDDLE	K-RACOES
160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFOR	TNAMS	ADDRESS	KINGLOFZ
(	YES NO OR UNKNOWN) (IF YES, G	SIVE WAR OR DATES) 213 48	8722 FA	mily F	SCORDS	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (b		Ano	07	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1629 IMMEDIA	DUE TO, OR AS A CONSE	monary	11110	31	
	Conditions, if ony, which	111 - 1	tate La	me Ca	1100-	
	gove rise to immediate	(9)		7		
	couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF			
	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DE ATH BUT NOT BELA	TED TO THE TED.	NAME OF COMPANY	
Z	TAKT 2 OTTEK SIGISTI ICAIST	CONDITIONS CONTRIBOTING	TO DEATH BOT NOT KEEA	TED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART TIO
CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR WE	ICH OPERATION WAS PE	PEOPMED	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED
FIC.	THE DATE OF OFERATION	178. CONDITION FOR WIT	ICH OFERATION WAS FE	KFOKMED	IN CI	ERTIFYING CAUSES OF DEATH?
RT	an according to the same of	D AN THIS OF HUMBY	In now		YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	V INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	w 18 PART I OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19			
EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCA	ATION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE		1. 1			
	22a.   certify that (h. phis hosp	pital) attended the deceased from	m Jacob	19 84	10 Apr. 17	, 19 84, that (I) (we) lost
	saw the deceased alive a	siew the body ofter death.	9 84, and that in (	my) (our) opinion o	leath occurred on the date and	hour and from the causes stated
	77h 100 pt 11/	bit elewane body offer deofn.	DEGREE			2h: DAT#SIGNED
	Willatt +	11/100		ATTENDING	MEDICAL STAFF	4/10/04
	724 PHYSICIANIS NAME OF	ON HARRIST CONTRACTOR	22e ADD	PHYSICIAN (	DIRECTOR PHYSICIAN	1/18/87
	00 010,00	- O.I.	11.	V 1		
	OK- MYDSKI	F Uzhosk	24 lbb0	VEUIT	WORTH URIV	2-10W30N
230. E	BURIAL, CREMATION, REMOVA	L 23b. DATE	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
K	SUR, AL	APRIL21 1984	ROSE HILL	SMETERY	HAGERSTOW	n MARYLAND
24 FL	JNERAL DIRECTOR	ADDRE	0000	25a DATE	REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
5	VANS CHAPS LC	IF Mamarias	Il a m = a D	APR	I A MON	- Sandanahane

ADDRESS 8800 SS HARFORD

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

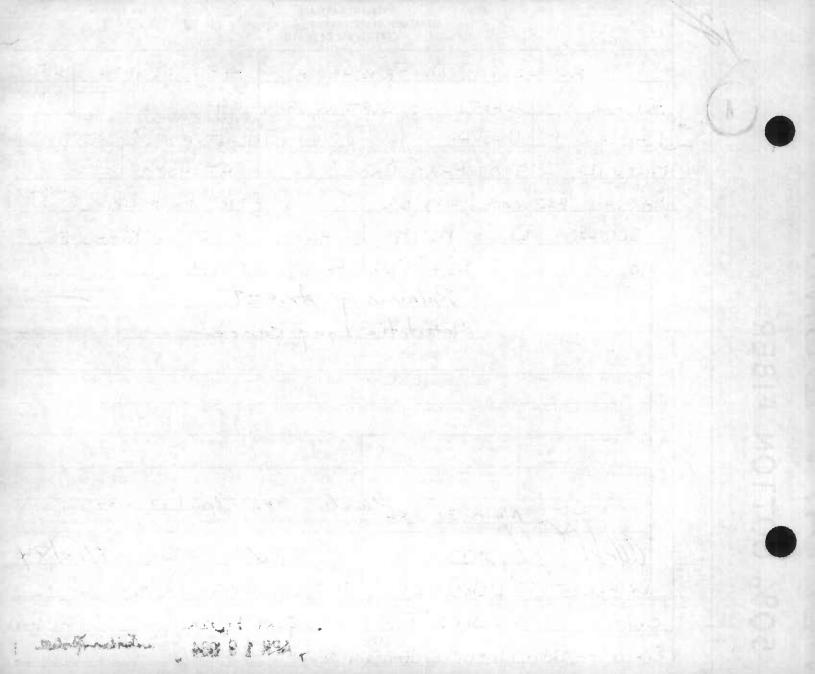
etained by the haspital

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled will the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, or ather traumatic

IMPORTANT: If Item 21 is marked ar Item 18 shaws



	3 SE	Mary	L. Fuchs	5 DATE C	OF BIRTH	April 16		NDER I YEAR IF UND	
1.		Female	White	Apr	11 16, 1900	84	YRS.	HS DAYS HOURS	
B	B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY	MARRIEI		Baltimore County  Baltimore County			
10		ossville 21237	11. NAME OF HOSPITAL, N	IURSING HOME O	or other institution ille	120 USUAL OCCUPAT	ON 1 OF WORKING LIFE)	26. KIND OF BUSIN	
35	13 <sub>0</sub> M	aryland Bal	orother institution give residence unity of timore 13 Esse.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 301 Mor	ntrose A	ve. 2/	
230	1	ATHER'S NAME FIRST  Adam Cz	arnecki	ST L SECURITY NO.	Is MOTHER'S MAIDEN NA	MIDDLE	}	LAST	
medice			GIVE WAR OR DATES!	14 5974	John Fuchs		' - ·	Same	
o buriol, crem jury, or other	NOI	Couse 101, stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100							
E .E	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS US G CAUSES OF DEA		
tows ony in		210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	JRY IN ITEM 18 PART 1	OR PART 2)	
them 18 shows	-	OR CONTRIBUTING CAUSE OF I		19					
Hyguene 18 shows	MEDICAL CERT		P.M.  218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	
n 21 is marked ar Item 18 shows	-	(IF EITHER NOTHY MEDICAL EXAMINATED ALL THE PROPERTY OF THE PR	21e PLACE OF INJURY	office, FARM, ETC.)  Irom	5 19 34  In that in (my) (our) opinion	, toOpril	16 19_	, that (1)	
them 18 shows	-	(IF EITHER NOTHY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EXAMINATION OF	216 PLACE OF INJURY (AT HOME, SIREET, FACTORY, C spital) attended the deceased I Capital 16 not view the body after death.	office, FARM, ETC.)  Irom	STREET 19 84	death occurred on the d	16 19_ lote and hour and	84 , that (1)	

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ST	ATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE () 9 REG. N	3 9	3		
ı	I. DEC	EASED NAME	FIRST		AIDDLE	L	AST		MONTH DAY	YEAR	2b. HOUR	
ı	(TYPE (	OR PR(NT)	LOUIS	JOS	SEPH	GALLO	N	April 24	, 1984		1:10	Am
1	3. SEX		1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER 2	4 HRS
	1	la1e		White		Dece	mber 27, 1916	67	YRS.		I CORS	MIN.
=	CC	THPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8. MARRIE	₩ NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	PDEATH		
1		ryland		U.S.		WIDOWE		Baltimore				MD.
1		ikesville	ATH	( IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET SVILLE NU	ADDRESS)	Home	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEE)  Service Manager Company				
5	130. ST	ryland	Balti	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO 🛣	3817 South	/ ZIP CODE. ern Cro	ss Dr	. 212	07
4		THER'S NAME FIRST Louis	C.	MDDLE	Gallon		IS. MOTHER'S MAIDEN NAM	F. MIDDLE	Do	novan		
1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO			JRITY NO.	17 INFORMANT	ADDR	ESS					
	(YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a))  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF C		173	Mrs. Virginia	L. Gallon	, same	as #1	3e				
			LEACE OF	arrest + anyt	linuer		m	onset and co	S.			
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BL					NOT RELATED TO THE TERM					
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF D			1?
1		21a. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEAT	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR		JRY IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OF TO	)WN	COUNTY	ST	ATE
7		22a. I certify thot (I) sow the theceosobove (I) June) ( 22b. SIGNATURE  22d. PHYSICIAN'S N  Stanford	this hospited alia oddidididididididididididididididididid	) view the body	ofter death,	,	19.77 nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN (PHYSICIAN	MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED EY/1	red /
	23e B	URIAL CREMATION		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	B	urial		4-27-8	34 E	ruid	Ridge Cemetery	y Pikesvi	lle, Ma	rylan	d	ATE
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I. D. PUDERAL DIRECTOR.

should be detached for use os the burial-transit permit. Then please remove a should be detached for use os the burial-transit price prior to burial, cremation, with the State Dept of Health and Mental Hygiene prior to burial, cremation, IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traum.

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STREET, FACTORY, OFFICE, FARM. ETC.)   216. AT WORK   197. MONTH DAY YEAR P.M. 19   216. BURIAL, CREMATION, REMOVAL   236. DATE   236. NAME OF CEMET BUT 18   196. DATE OF OPERATION   196. CONDITIONS ON THE OPERATION   197. MONTH DAY YEAR P.M. 197. MONTH DAY YEAR P.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED.  21a. ACCIDENT WAS UNDERLYING TO CONDITION FOR WHICH OPERATION WAS PERFORMED.  21a. ACCIDENT WAS UNDERLYING TO CONDITION FOR WHICH OPERATION WAS PERFORMED.  21a. ACCIDENT WAS UNDERLYING TO CONDITION FOR WHICH OPERATION WAS PERFORMED.  21a. ACCIDENT WAS UNDERLYING TO CONDITION FOR WHICH OPERATION WAS PERFORMED.  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  (IFEITHER, NOTIFY MEDICAL EXAMINER)  P.M. 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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	1 - FOR DEPARTMENT OF HEALTH AND MENTA REGISTRAR CERTIFICATE OF DEATH		TELENE	0 9 REG. NO	3 9	5				
		CEASED NAME FIRST ANNA	MAE		GARDINER	2a DAT	E OF DEATH	84	YEAR 2	2b. HOUR	M
	3. SEX	(	4 RACE	5. DATE C		6. AGE	IN YEARS LAST BIRTH	HDAY) IF U		IF UNDER 24 H	IRS
9	1	FEMALE	WHITE	6	4 1890		13	YRS.			
24		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALT	IMORE CITY OF	COUNTY OF	DEATH		
ú		NNSYLVANIA	USA	WIDOWE			LTO CO				MD.
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3		TATE 136 COUN			130 INSIDE CITY LIMITS		20 EMG			2123	4_
2	IA FA	THER'S NAME FIRST JAMES	MORRISON		15. MOTHER'S MAIDEN	MARGA	RET	FLEMII	NG		
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 174-18	CURITY NO.	Mr. Edward	B. Sa	ADDRES	9647	Dund	21236 awar	RA
	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONDITION OF A CONDITIO	4 S C	NOT RELATED TO THE TI	ERMINAL DIS	SEASE OR COND	DITION GIVEN	in PART 110		_
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a A	AUTOPSY?		S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO		_
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (EN	ER NATURE OF INJUR	IN ITEM 18 PART 1	OR PART 2)		
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		22e.1 certify that (I) (this hospital) attended the deceased from 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10							-/		
		FORM A	MITCHELL	hy	ST TO	SEP	4 Horse	P 13+	+(70	(m)	
		BURIAL, CREMATION, REMOVAL		13	EMETERY OR CREMATO		OCATION CITY OF TOWN	11. 0	OUNTY	STATE	
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WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

(VRA 15, 4)

STATE OF MARYLAND

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William E. Johnson8521 Loch Raven Blvd. APR

1984 Julia Devidson-Randalle

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ompletely ord 2.3	14 FA	THER'S NAME FIRST Charles	MIDDLE G.	Gerhard		Rit		MIDDLE K.		Kraft	Л
Puger M	1	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES? GIVE WAR OR DATES	212-62		Mrs I		Gerhardt	, Same		
that the death certifical I by the attending phys tose remove corbanapa ol. cremation, or remove rather traumatic event,	ATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA'  5714  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.	DUE TO, C	DR AS A CONSEO	UENCE, OF C	hroni FAI	e Hepa	titis w/	Cirrh	DI	MAJE INTERVAL ONSET AND DEATH OVS
been signed been signed been signed been signed being bring to buring only injury, o		PART 2. OTHER SIGNIFICAN Probable S 190 DATE OF OPERATION	epsis,		post	chole	cystec		20b. IF YE	S, WERE FINDI	NGS USED
NG PHYSICIAN: The low requirenteding physicion. Ottending physicion. After this certificate has been signs the buriol-tronsit permit. There the ond Mental Hygiene prior to be orked or Item 18 shows any injur	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCURR	YES NO	Y	FYING CAUSES ES [] PART 1 OR PART 2)	NO
G PHYSH of the centre of the buring she buring ond Meriked or the desired of the conditions of the centre of the c	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY IREET, FACTORY, OFFICE	7.110	211 LOCATI	ON T	CITY OR	IOWN	COUNTY	STATE
OR ATTENDIO the hospital or DIRECTOR: A oched for use Dept. of Heal		22a. I certify that M (this h saw the deceased alive above, M (we) (apr) (dia 22b. SIGNATURE	for for the body		84.00	PEGREE	ATTENDING PHYSICIAN	, to 4- leath accurred on the  MEDICAL ST DIRECTOR PHYS	AFF .	- /	SIGNED
TO HOSPITAL (etoined by the TO FUNERAL I should be deto with the Store I IMPORTANT; if		10RGG C	SECIA				DSEPN A	JOSP. 762	O YOR	K RD.	TOWSON H
BP		SURIAL, CREMATION, REMO SPECIFY) Burial	/AL 23b. DATE 4-30				crematory ng Gree	23d LOCATION CITY OF TOWN  Hydes,	Balto	COUNTY Maryl	state
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR  ICK TOWSON Full	neral Hom	e, Inc.	1050 Towson	York Md.	Rd . 250. DATE 21204 AF	REC'D. BY REGISTRA	A GULL	LAW SIGNAT	-Randell

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1 - 18 1 - 9 V - V - F -	13 27-2			
V7. XC Y		Van Selle		
Marie Brown and Brown	a marie de Ma		22.2	

#### REG. NO 20. DATE OF DEATH DECEASED NAME 04 INA 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH MONTH DAY White Apr. 21, 1911 BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA Maryland WIDOWED [ DIVORCED | DECITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) owson Sales Manager USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13a. STATE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1549 Teal Drive Ocean City Maryland Worcester NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Salvatore J. Giardina Josephine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 127-09-0586 Mrs. Nancy V. Giardina same as # 13 II WW Yes 18 CAUSE OF DEATH (Enter only one couse per ling or (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 206. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? TIE TIME OF INJURY THE HOW INJURY OCCURRED. LEWISE HATURE OF PROPERTY IN TEAM OF PART I OFFICE TO 21s. ACCIDENT WAS UNDERLYING. [ ] HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH IN EITHER, NOTH'S MEDICAL FRAMINERS P.M 10 THE LOCATION 71± INJURY OCCURRED THE PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, PACTORY, OFFICE, FARM, ETC.) 1,700000 NOT WHILE 22s.1 certify that (1) (this haspital) attended the Aleceased from saw the deceased alive on ad that in (my) (our) opinion death occurred on the date and hour and from the cours stated obove, (It (we) (did) (did not) view the bod 77h SIGNATURE DETAREE ATTENDING MEDICAL STAFF 774 PHYSIEIAN'S NAME I'VE OF PRIN 17e ADDRESS 234. BURIAL CREMATION, REMOVAL TIN DATE 23r. NAME OF CEMETERY OR CREMATORY DEMICHS

Ruck Towson Funeral Home, Inc. 1050 York Road

- STATE

REGISTRAR

Cremation

14 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Westview Crematory

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOT

Pharmaceutical

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Fertitta

YES [

Baltimore

COUNTY

The DATE SIGNED

Maryland

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- S	FOR STATE REGISTRAR			DEPA	RTMENT OF H	CATE OF D		de.	9 4 G. NO.	0 2	7		
	I. DECE	ASED NAME	FIRST	٨	AIDDLE	L	ST		20. DATE OF DEA	Н момтн	DAY	YEAR 2	h HOUR	
i	11116 01	Ca	arrie	9		Gi	esau			4	3	84		М
	3. SEX		4	RACE		5. DATE O	F BIRTH DAY	MEAD	AGE (IN YEARS L	ST BIRTHDAY)	IF UNDER		IF UNDER 24 H	HRS.
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-		nsylvan	ia	U.S.A		WIDOWE		ORCED	Baltin	nore C	ount	У		MD.
1		ORTOWN OF DEA	TH 1	(IF NOT IN SUCI	H FACILITY, GIVE ST	RSING HOME O REET ADDRESS) Parkwa		NOITUTION	12a USUAL OCCU	OST OF WORKING		KIND OF USTRY	BUSINESS	OR
)	USUAL 130. STA Mar	RESIDENCE (IF NURSE ATE Yland	136 COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BE 134. CITY OR TO Dunda	EFORE ADMISSION)	13d. INSIDE C1	NO 🛣	13e STREET ADDR	ESS	Park	way	21:	222
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		S DECEASED EVER		AED FORCES? WAR OR DATES)	16b. SOCIAL SI 163-2		17. INFORMAI Kather	2220	Jennin .Kleppi	_	Pa	a	ehen 1801	17
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	¥	THE TWORK TWORK		21e. PLACE ( {AT HOME, STR	OF INJURY EET, FACTORY, OFF	100-	211 LOCATIO	N	City	OR TOWN	cou	NTY	STATE	E
		20. I certify tho (1) sow the decease above (1) (we) (d	(this hospited aline on did (did pot	ol) attended the	deceased fro 2 offer death.	9 84, an	d that it my	, 19.89 (our) opinion d	teoth accurred an	the date and h			-	
		26 SIGNATURE	1		and	ma	F		MEDICAL DIRECTOR P	STAFF HYSICIAN [	4	DATE SI	-Syl	
	2	Ben (a	ne itype on	Rt	AZA	120 mg	59 L	Dand	nek a	e Bu	Tim	1-	2/2	22
		RIAL, CREMATION,	REMOVAL	23b. DATE 4/5/	/0/	Morgan		REMATORY	23d LOCATION CITY OF TO Salis	WN	COUNT TOWN		STATE	E

7922 Wise Avenue Dundalk, MD. 21222

DHMH - 16 50M 4/82 (VRA 15, 4)

C31 H .. 4115CHD Ritherman 54 Dandyk OR BARAL 21222 as sineway fil 3670

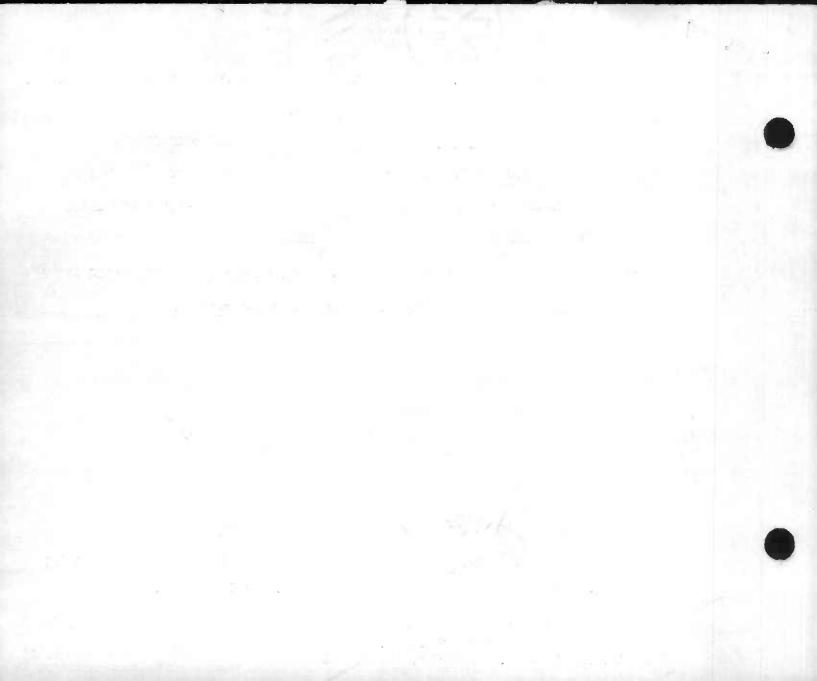
2	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		9	9	1 0	3	
B )		CEASED NAME FIR	ST	Mil	DDLE	L	AST		20. DATE OF DE	ATH MO	NIH DAY	YEAR	2b. HOUR
m #	(TYPE	OR PRINT)	rv	Ва	rbara	Gi	ttings		April 1	1 1	984		11 ·01m
od e	3. SE		4. RACE			5. DATE C			6. AGE (IN YEARS		AY) IF L	INDER I YEAR	IF UNDER 24 HRS
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The Tay hou		RTHPLACE (STATE OR FOREIG COUNTRY) Md.	N 76 CITIZE	U.S	A.	9 8. MARRIEI WIDOWE	NEVER MARRI		Baltimore Baltimo			DEATH	MD.
illed with		Baltimore	(IF NO	T IN SUCH	FACILITY, GIVE STREE	NG HOME C	ROTHER INSTITUTE Hospital		12a USUAL OCI (TYPE OF WORK FO HOMEM	CUPATION R MQST OF W	ORKING LIFE)	126. KIND C INDUSTRY	OF BUSINESS OR
filled in bould be		Md.	ON OTHER INST	11	NE RESIDENCE BEFO 30 CITY OR TOV Baltin	MN	13d. INSIDE CITY LIA YES 🛣 NO			E. E	rcode Lager	St.	21205
and 2 s	14. F/	Francis	MIDDLE		Klima		15. MOTHER'S MAID	rbar		MODLE		Vonc	iracek
oges 1		WAS DECEASED EVER IN U	S. ARMED FOR	TEC.	6b. SOCIAL SEC		17. INFORMANT			ADDRESS			21222
Po Po		no			213-01	-3386	Melvin	Git	tings	(sor	1) 10		yside Di
signed by the other hen please remove a to burial, cremation, liury, or other traum	NO	gove rise to immedia couse (a), stating t underlying couse lo	he DUE	TO, OR	AS A CONSEOU	JENCE OF	lar Accid		NAL DISEASE O	R CONDIT	ION GIVEN	IN PART 10	0 '
permit. I	CERTIFICATION	19a DATE OF OPERATION	19b (	CONDIT	ION FOR WHICH	H OPERATIO	WAS PERFORMED		200 AUTOPS	Y?   2	Ob. IF YES, W N CERTIFYIN YES [	IG CAUSES	NGS USED OF DEATH?
s certificate burial-fransif Mental Hygie		210. ACCIDENT WAS UNDERLYIFOR CONTRIBUTING CAUSE	OF DEATH HO	IME OF UR A.M P.M	. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE		A A 1			
olth and Me marked at 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK	CATM		F INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CI	ITY OR TOWN		COUNTY	STATE
sched for us Dept. of He f Hem 21 is		270-1 certify that (# (this saw the deceased all above, # (we) (did) fi 27b. SIGNATURE				<del>84 .</del> on	26 , 19. d that in (may) (our) o DEGREE ATTENI PHYSIC 27e. ADDRESS	DING _	MEDICAL DIRECTOR	n the dote	ond hour or	01	
should be deto with the Stote		Leste	r H. Bai	nks,	M.D		9000 Fr	ank1i			21237		
~ \$ S	23a E	BURIAL, CREMATION, REMAINS Burial		114/	/		Redeeme:		23d LOCATIO Balt		ce c	DUNTY	°Md.
BP WH - 16 50M 4/83 (VRA 15, 4)		Burial  Schimunek 3331 Brehm	Funer	al	Home.				Balt REC'D. BY REG	ISTRAR 25b		1	

ATTENDED LATER A LEE brave ed. (uga) aprintin elect Pari-Colors STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
I. DECEASED NAM	AE FIRST	,	AIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	Zb. HOU	R
(TITE OR PRINT)	LOUI	S	L.		GLASER	APRIL 6,	1984		6:00	)A.M
3. SEX		4_RACE		5. DATE C		6 AGE   IN YEARS LAST BH	THDAY)	MONTHS DAYS		24 HRS MIN.
MALE		WHIT	E	NOVE	MBER 28,1918	65	YRS.	MOITING DATS	1.00%	PP 10 4.
7a BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8.	XX NEVER MARRIED	9 BALTIMORE CITY	_			
	GINIA	I	J.S.A.	WIDOWE	_	BALTIMOR	E COU	JNTY		MD.
O CITY OR TOWN	OF DEATH			SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C		
PIKESUI	LIE	100 PUF	VIS PLA	CE 212	08	PHARMACIS	T	DRUG	S	
	E (IF NURSING HOME O		GIVE RESIDENCE BE		A 121 INICIDE CITY I MAITCO	12. STREET ADDRESS	/ 7ID COI	NE.		
MARY	LAND BAL	TIMORE	BALTI		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 100 PURV	IS PI	ACE 212	08	
4. FATHER'S NAM					15. MOTHER'S MAIDEN NA					
FIRST	ARRY	MICHAE!	LAST	GLASER	ROSA	MIDDLE		GROSSM	AN	
60 WAS DECEAS	ED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SE		17. INFORMANT	ADDR	ESS			
I YES, NO OR UNK	YOWN) (#F YES, GI	VE WAR OR DATES)	216-07-	3617	MRS. HELEN G	LASER 100 P	URVTS	S PLACE	21208	3
	OF DEATH (Enter or	alu nae cause ner	<u> </u>		0 0					
PART I.	DEATH WAS CAUSI	ED BY:	01	penic	is chemic he	net disease	4	OL ( WEEK	ONSET AND	JEKIN .
41	LIC IMMEDIA	TE CAUSE (a)			100				IN PART TO  VERE FINDINGS USED IG CAUSES OF DEATH  NO    1 OR PART 2)  COUNTY STA	
Carlo	7.7	DUE TO, O	R AS A CONSE	DUENCE OF						
gove rise	, if any, which to immediate	(p)—								
	, stating the couse last.	DUE TO, O	R AS A CONSE	DUENCE OF						
DARK 3. O.T.	HER SIGNIFICANT	(c)	DALITRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	INIAL DISCASS OR CON	DITION	DICAL DADT 1		
	HER SIGNIFICANT	CONDITIONS <u>CC</u>	JINTRIBUTING	O DEATH BUT	NOT KELATED TO THE TERM	IIINAL DISEASE OR CON	DITION	HACIA HA LAKI TI	0	
NO DATE OF	FOPERATION	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	286. IF Y	ES, WERE FINDI	NGS USED	)
SE S	0.2	112 00112					IN CERT	TIFYING CAUSES	OF DEATI	H?
DE 1210 ACCIDEN	IT WAS UNDERLYING	71b. TIME C	F IN ILIRY		21c HOW INJURY OCCUR	YES NO		YES OR PART 2	NO L	,
	TING CAUSE OF DE		M. MONTH	DAY YEAR	THE HOW WHOCK FORCEOK	(ENTERNATURE OF INJU	NA HATIEM IS	ZARI ( ORTARI 2)		
9	OTIFY MEDICAL EXAMINE			19	ZII LOCATION					
WHILE	OCCURRED NOT WHILE	21e. PLACE JAT HOME, STE	DE INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	SI	TATE
AT WORK	AT WORK				1					
	that (1) (this hosp	1 1 1 1 1				, to				
above,	e deceased plive ai (l) (we) (did) (did ni	ot) rie the body	after death.			death occurred on the d	lote and h			ted
22b. SIGNA	TURE	1/2.	D.		DEGREE ATTENDING	MEDICAL STA	cc	22c. DATE	SIGNED	
		(VW	X3e		PHYSICIAN [	DIRECTOR PHYSI	CIAN	4,	/6/84	
	DR. RALPH				22e ADDRESS 2435 W.	BELVEDERE A	VE.			
73a BURIAI CREA	AATION, REMOVAI	23b. DATE	7	3c NAME OF C	EMETERY OR CREMATORY	73d. LOCATION				
BURIA		4/8/84			MUNAH CEM	BALTIMO	RE	COUNTY	MARYI	ÄND
	CTOR SOL L				25a Dan	* * * * *	lace probe	OVER A PURE PORTER	-	
					AND 21215 A	PR 12 1984	1 Gu	ha Daydson	1-Aand	400
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DHMH - 16 50M 4/B3 (VRA 15, 4)



(SPECIFY) Burial DHMH - 16 50M 4/82 (VRA 15, 4) fin shannon

FOR

REGISTRAR

- STATE

HEBREW MEMORIAL FUNERAL HOME, PIKESVILLEDIND

REG. NO

2g DATE OF DEATH 8 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

IF UNDER 24 HRS

County Baltimore

12b. KIND OF BUSINESS OR

Hospital 21133

2b. HOUR

2:30 M

STATE

3452 Carriage Hill Circle Baker

17 INFORMANT 8305 Leges ADAME. Baltimore

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY

ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Ralto. Co. Gon. Horald

United Hebrew Cem. Md.

Baltimore Balto. 250. DATE REC'D. BY REGISTRAR 154 REGISTRAR'S SIGNATURE Julia Day con Nandate

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		Tebeny Sam				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a DATE OF DEATH 2b. HOUR LIVPE OR PRINTI 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH HITE **BALTIMORE CITY OR COUNTY OF DEATH** O. BIRTHPLACE I STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY RUSSIA USA WIDOWED DIVORCED 1 mone 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h, KIND OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS, (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed JOSEPH'S AT HOME HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
1136. COUNTY
114. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTO. BALTIMORE YES [ NOX 3312 KERRY RD. #21207 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST HYMAN KESSLER YUSPA UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MILTON GOLDBERG YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BALTO., MD 21208 213-32-7837D 8205 NINA CT. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGNED **ATTENDING** MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS should b 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BALTIMORE (SPECIFY) BURIAL MAY 1, 1984 RODFE ZEDEK MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. CSD DATE REC'D. BY REGISTRAR BEAREGISTRARIS SIGN DHMH - 16 50M 4/83 6010 REISTERSTOWN RD. BALTO., MD (VRA 15, 4) 21215

DIVISION OF VIT

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MALE  WHITE  JULY 19, DAY 1937  46 YRS.  MONITO DAYS MOURS  15. CITIZEN OF WHAT COUNTRY?  MARRIED NAME  NEW YORK  U.S.A.  MIDOWED DONGCED  BALTIMORE COUNTY  RABBI  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF WORKNOWN HOR MOST OF WORKING 19F1 IND. STRY  RABBI NATE  USUAL OCCUPATION  BALTIMORE COUNTY  RABBINATE  138 STREET ADDRESS / ZIP CODE  3617 BRIARSTONE RD . 21133  14 FATHER'S MANDE  ROSE  KOHN  BALTIMORE COUNTY  RABBINATE  18 SOSIE  KOHN  BALTIMORE COUNTY  RABBINATE  18 SOSIE  KOHN  BALTIMORE COUNTY  RABBINATE  18 USUAL OCCUPATION  178 WORK FOR MOST OF WORKING 19F2  18 SOLIT BUSINE  RABBINATE  178 STREET ADDRESS / ZIP CODE  3617 BRIARSTONE RD . 21133  18 STREET ADDRESS / ZIP CODE  3617 BRIARSTONE RD . 21133  18 STREET ADDRESS / ZIP CODE  3617 BRIARSTONE RD . 21133  18 STREET ADDRESS / ZIP CODE  3617 BRIARSTONE RD . 21133  18 SOLIT BUSINE  ROSE  KOHN  BALTIMORE COUNTY  ABBINATE  18 SOLIT BUSINE  RABBINATE  18 SOLIT BUSINE  RABBINATE  19 SOLIT BU	DER 24 HRS (S) MIN.  MINESS OI
RABBI ISRAEL O. GOLDBERG APRIL 16, 1984  3. SEX  MALE  JULY 19, 1937  AGE (INTERNAL ASTRABLOWN)  BALTIMORE  JULY 19, 1937  JULY 19, 1937  BALTIMORE  JULY 19, 1937  BALTIMORE  JULY 19, 19, 1937  BALTIMORE  JULY 19, 1937	MINESS OF
MALE  WHITE  JULY 19  JOAN 1937  46  YRS.  MONITE  JOAN 1937  46  YRS.  BALTIMORE COUNTY  GENERAL HOSPITAL  BALTIMORE COUNTY  BALTIMORE  BALTIMORE COUNTY  BALTIMORE  BALTIMORE COUNTY  BALTIMORE  BALTI	MINESS OF
MALE  WHITE  JÜLY 19, 1937  46  YRS.  BALTIMORE COUNTY  NEW YORK  U.S.A.  WIDOWED  DAVORCED  BALTIMORE COUNTY  BALTIMORE COUNTY  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION RANDALLSTOWN  BALTIMORE  RANDALLSTOWN  BALTIMORE  COUNTY  BALTIMORE  COUNTY  BALTIMORE  COUNTY  BALTIMORE  COUNTY  RABBINATE  U.S.LA, RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) RANDALLSTOWN  BALTIMORE  COUNTY  BALTIMORE  COUNTY  RABBINATE  U.S.LA, RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) RANDALLSTOWN  BALTIMORE  COUNTY  BALTIMORE  COUNTY  RABBINATE  U.S.LA, RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) RANDALLSTOWN  BALTIMORE  COUNTY  BALTIMORE  COUNTY  RABBINATE  U.S.LA  IS MOTHER'S NAME  FIRST  ROSE  MADDIE  RODIE  RODIE  RODIE  RODIE  RODIE  RODIE  COUNTY  RABBINATE  LAST  ROSE  MODIE  RODIE  RODIE  RODIE  ROTIC  RODIE  RODIE  RODIE  RODIE  RODIE  RODIE  RODIE  RODIE  RODIE  ROTIC  RODIE  RO	MINESS OF
NEW YORK  NEW YO	ress of
NEW YORK  U.S.A.   WIDOWED   DIVORCED   BALTIMORE COUNTY    10. CITY OR TOWN OF DEATH   II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   II. SUBJECT ADDRESS   III. SUBJECT ADDRESS   II	ress of
RANDALLSTOWN  BALTIMORE COUNTY GENERAL HOSPITAL RABBI RABBINATE  USUAL RESIDENCE (# NUMS)NOTHOME OR OTHER INSTITUTION, CIME RESIDENCE GETORE ADMISSION)  136 STATE  MARYLAND  BALTIMORE  BALTIMORE  ISL CITY OR TOWN  RANDALLSTOWN  REV. WILLIAM  GOLDBERG  GOLDBERG  ROSE  KOHN  10 MAS DECEASED EVER IN U.S. ARMED FORCES?  INSTITUTE OF YES, ONE WAR OR DATES)  ROSE  KOHN  10 SOCIAL SECURITY NO.  11 INFORMANT  ADDRESS  ROSE  KOHN  12 INFORMANT  ADDRESS  ROSE  ROSE  KOHN  APPROXUMATE INTER  SETWERET ADDRESS / ZIP CODE  3617 BRIARSTONE RD. 21133  RASI  KOHN  ADDRESS  KOHN  10 MAS DECEASED EVER IN U.S. ARMED FORCES?  INSTITUTE OF YES, ONE WAR OR DATES)  10 3-30-8064  MRS. MIRIAM GOLDBERG  APPROXUMATE INTER  SETWER ONS INTER  WAS DECEASED EVER IN U.S. ARMED FORCES?  INMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF DUE WAS ORDER OF DUE TO, OR AS A CONSEQUENCE OF DUE WAS ORDER OF DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 DECENTION OF THE MILE OF INJURY  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GAVEN IN PART 1 DEATH OF DUE TO THE TERMINAL DISEASE OR CONDITION GAVEN IN PART 1 DEATH OF DUE TO THE TERMINAL DISEASE OR CONDITION GAVEN IN PART 1 DEATH OF DUE TO THE TERMINAL DISEASE OR CONDITION OF DUE TO THE TERMINAL DISEASE OR DEATH OF	ΓΕ 3
RANDALLSTOWN BALTIMORE COUNTY GENERAL HOSPITAL RABBI RABBINATE  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION]  30 STATE  30 STATE  MARYLAND  BALTIMORE  RANDALLSTOWN  REV. WILLIAM  GOLDBERG  GOLDBERG  ROSE  KOHN  ADDRESS  KOHN  ADDRESS  (YES DO OR UNKNOWN)  (IF YES, CIVE WAR OR DATES)  103-30-8064  MRS. MIRIAM GOLDBERG  REV. BRITARSTONE 211  18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  COnditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION OF THE TERMINAL D	3
136 COUNTY BALTIMORE   136 CITY OR TOWN RANDALLSTOWN   136 INSIDE CITY LIMITS?   136 STREET ADDRESS / ZIP CODE   3617 BRIARSTONE RD . 21133	
REV. WILLIAM  GOLDBERG  GO	133
REV. WILLIAM GOLDBERG ROSE KOHN  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (155 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 103-30-8064 MRS. MIRIAM GOLDBERG 3617 LSTOWN STONE 2RD  18 CAUSE OF DEATH IEnter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY:    DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if only, which gover rise to immediate cause (a). Stofting the underlying couse lost. Conditions Contributing to Death But not related to the Terminal Disease or Condition Given in Part 11d  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES. NO. [2] 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR PART 2: OTHER NATURE OF INJURY IN ITEM IS PART 1: OR P	133 D.
18 CAUSE OF DEATH lEnter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF COURT OF COURT OF COURT OF COURT OF COURSE AND COURT OF COU	133
18 CAUSE OF DEATH IENTER only one couse per line for 101 (b), and 101  PARTI. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, which gove rise to immediate couse lost to the immediate couse lost (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY HOUR AM MONTH DAY YEAR  2116 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY HOUR AM MONTH DAY YEAR	10.0
PART I. DEATH WAS CAUSED BY:    CAUSE OF DEATH WAS CAUSED BY:   CONDITION ON AS A CONSEQUENCE OF CONTRIBUTION OF PART I. DEATH WAS CAUSED BY:   Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost   DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III   190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY2   200 IF YES   NO     210 ACCIDENT WAS UNDERLYING   210 TIME OF INJURY IN HEM 18 PART 1 OR PART 2.     211 ACCIDENT WAS UNDERLYING   210 TIME OF INJURY IN HEM 18 PART 1 OR PART 2.     190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY2   200 IN CERTIFYING CAUSES OF DEATH OF PART 2.     210 ACCIDENT WAS UNDERLYING   210 TIME OF INJURY IN HEM 18 PART 1 OR PART 2.     210 ACCIDENT WAS UNDERLYING   210 TIME OF INJURY IN HEM 18 PART 1 OR PART 2.	
DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if ony, which gover rise to immediate couse lost of the storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF CONDITION OF OF CONDITIO	ND DEATH
Conditions, if ony, which gove rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF UNDERSTORMED DUE TO, OR AS A CONSEQUENCE OF UNDERSTORMED LYMHOLYTIC LOWKOWA 4 GEO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO PERFORMED	VIV
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY2 210. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY HOUR A.M., MONTH DAY YEAR  2110. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY HOUR A.M., MONTH DAY YEAR	n.s
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	400
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 2 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO 210. ACCIDENT WAS UNDERLYING 1210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	20.0
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 206 IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO 2 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)	2047
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LONGOUTENIUM I CAUSE OF DE LEU L'OUR A.M. MONTO DAT TEAR	EATH?
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UF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
WMILE NOT WHILE [ (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY S	STATE
7777 76 /6 /6 /02	
22a. certify the (II) this hospital) attended the deceased from 19 1, and that is (my) our) opinion death occurred on the date and hour and from the causes sta	stated
obove (1) (wg) (did not i view the body ofter death.)  226 SIGNATURE 221, DATE SIGNED	
ATTENDING MEDICAL STAFF _ CONTROL OF ATTENDING M	ED.
224 PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	ED .
DR. MALCOLM DRUSKIN 600 REISTERSTOWN RD.	94
	84
REMOVAL-BURIAL 236 DATE RABBINICAL COUNCIL OF BET SHEMISH ISRA	84
24 FUNERAL DIRECTOR SOI. I FVINSON & RROS INC 250. DATE REC'D. BY REGISTRABLIZED REGISTRAR'S SIGNATURE	STATE
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 AFR 2 4 1984	STATE RAEL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME MIDDLE April 30,198410:15am FINES LEE GOODWIN IF UNDER 1 YEAR 5. DATE OF BIRTH 4 RACE 3. SEX Oct 15,1906 Male White 77 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Texas USA Baltimore County WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Greater Baltimore Medical Center Towson Owner Appliance Sales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 7800 Overbrook Rd. 21204 Maryland Baltimore Towson NO IX 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Clara Keach Fines Lee Goodwin ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-20-9648 Vivienne H. Goodwin Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X buriol-tronsit | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE April 30 22s.1 certify that (1) (this hospital) attended the deceased from, sow the deceosed alive on <u>April 30</u> obove, (I) (we) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE MEDICAL should be der with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN April 30, 198 724 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Ronald L. Sirota, M.D. 6701 N. Charles St. Towson 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore City Mary and Cremation Greenmount 5/1/84 6500 York Rd. 15 PANTEOD. BY MAN ARIZSH REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83

Mitchell-Wiedefeld Home, Inc. Balto. Md. 2121

(VRA 15, 4)

STATE OF MARYLAND

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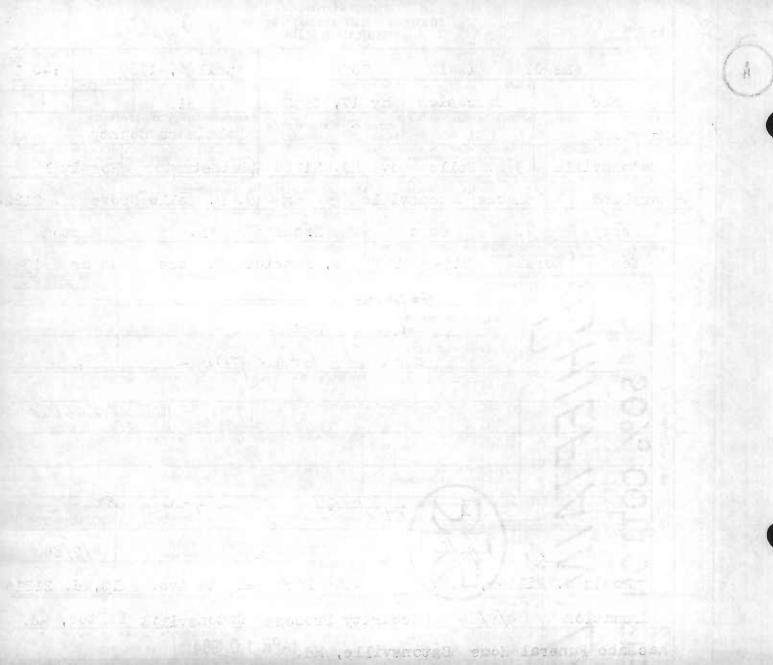
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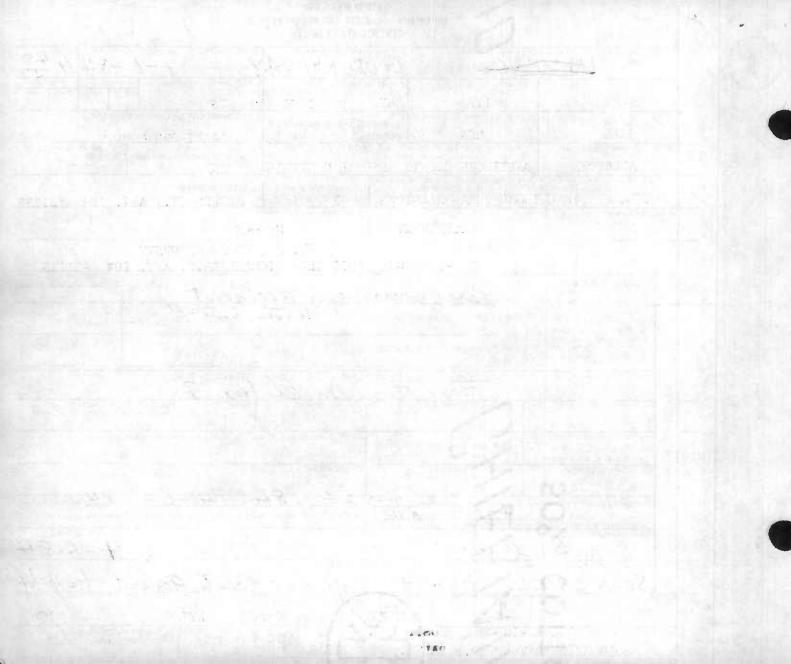
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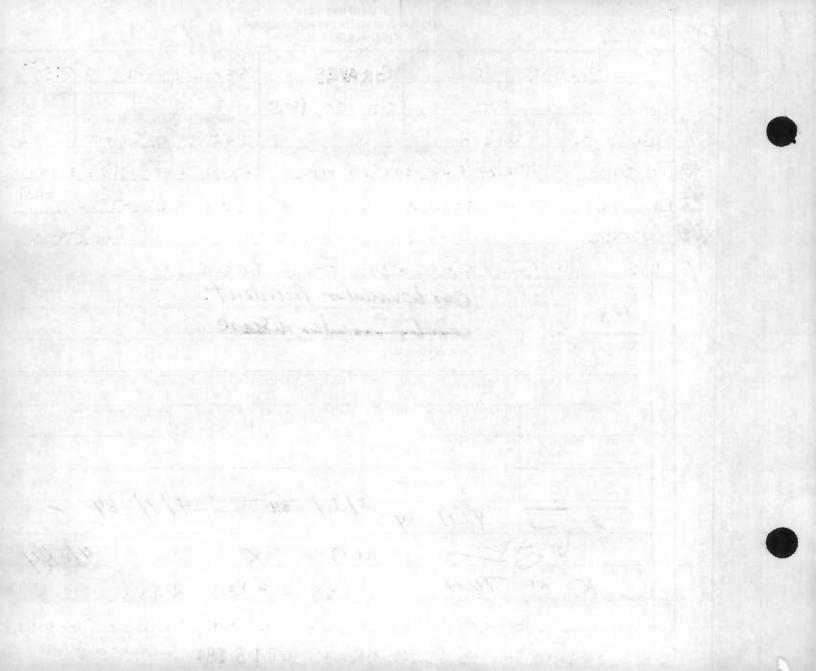
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MacNabb Funeral Home

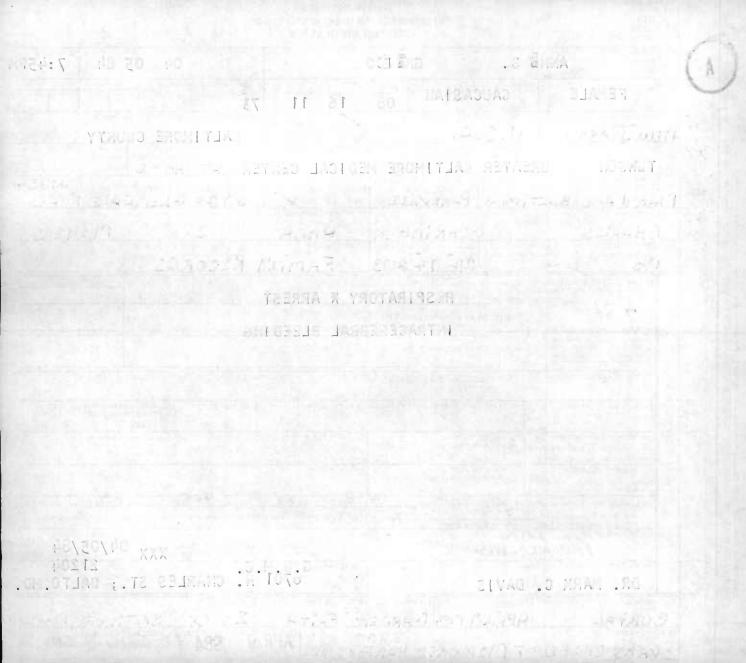
STATE OF MARYLAND







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR 84 TYPE OR PRINTI ANN B. GRE ECO 04 05 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY! IF UNDER TYEAR IF UNDER 24 HRS 3. SEX FEMALE CAUCASIAN 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED [ HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY TOWSON BALTIMORE ER MEDICAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY & ARREST IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF INTRACEREBRAL BLEEDING Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 226. SIGNATURE MEDICAL STAFF should be deto DIRECTOR PHYSICIAN XX PHYSICIAN MPORTANT: 22e ADDRESS G 274. PHYSICIAN'S NAME (TYPE OR PRINT) CHARLES ST .; BALTO MD. DR. MARK C. DAVIS 236. DATE 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 MORISS HARFORD (VRA 15, 4)



ond completely filled in by the funeral directa toges 1 and 2 should be filed within 72 hours a

medicol

should be detoched for use as the burial-tronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

18 shows ony

IMPORTANT: If them 21 is morked or Item

William

this certificate has been signed by the he burial-transit permit. Then please rem

requires that the death certificate be executed within 24 hours after dea

TENDING PHYSICIAN: The low

TO HOSPITAL

STATE OF MARYLAND

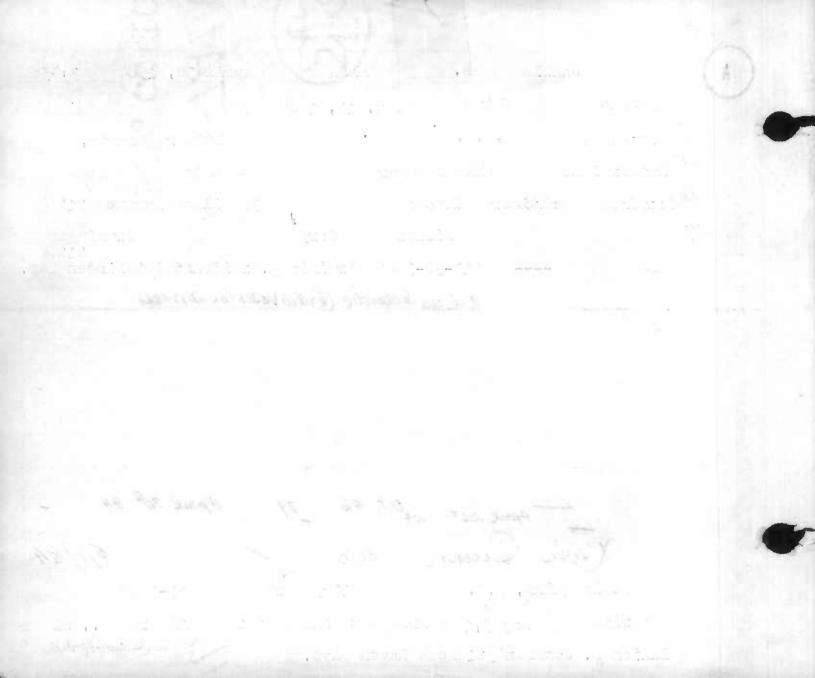
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	EALTH AND MENTAL HY		) 4	13	
	CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20 DATE OF DEATH	HTHOM	DAY YEAR	2b. HOUR
TITPE	OR PRINT)	<b>JESSIE</b>		A.	G	RIER	April 3	30, 19	184	3:45a M
3. SE	x	4 RA	ACE						IF UNDER I YEAR	IF UNDER 24 HRS
,	Female		Whit	te	Oct		96	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN 76 C		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Marylan	id	U.S.	Α.			Baltin	ore C	ounty.	MD
L	uthervi	lle	(IF NOT IN SUCI	lege Ma	anor	DR OTHER INSTITUTION	(TYPE OF WORK FOR MO	T OF WORKING L		DE BUSINESS OR
13a. S	at RESIDENCE (# N STATE aryland	136 COUNTY Balti		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  TOWSO:	'N	138. INSIDE CITY LIMITS?				21204
14. FA	ATHER'S NAME FIRST	MIDDL	E	LAST		FIRST	AME	1000	LAS	1
160.14	VAS DECEASED EV	ED INTIT A DATED	EOBCESS 1	Fish of the social secu			ADI	RESS	Brunin	
190 V	VAS DECEASED EV YES NO OR UNKNOWN) NO	(IF YES, GIVE WAR	OR DATEST	212-50-						21204
		ATH (Enter only on				IATERTHE W	. prerden	POPULITY		MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER S	IGNIFICANT CONI					MINAL DISEASE OR CO	20b. IF YE	VEN IN PART 16	NGS USED
E							YES NO	] Y	ES 🗌	NO 🗌
	210. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA		GRIER  April 30, 19  1. Age (INYEARS LAST BIRTHDAY)  1. Baltimore (INYEO WORK FOR MOST OF WORKING INTERED WORK FOR MOST OF WORKING IN THE OF WORK FOR MOST OF	NURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCC		21e PLACE C				COUNTY	STATE		
	sow the dece obove, (I) (we	(I) (this hospital) cosed olive on (III) (did not) vie	pril o	2612 18	,		deoth occurred on the	e date and ha		
	226. SIGNATURE	evin	Qu	unn	ı	9 D ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN []	22c. DATE	1/84
		n Quinn		).			k Road 8	23-20	80	
23a. E	Burial, CREMATIO		ay 5				CITY OR TOWN	timor	e Co	MD
24. FU	UNERAL DIRECTOR			1 T.O.O.h		25a. DA	TE REC'D. BY REGISTR	A DIMEN DECK		ndell.

Johnson8521 Loch Raven Blvd.

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR: After



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Or	0	3 1		
U	7	-61		Es
	REG. N	Ю.	3.8	

T. DECEAS, ITYPE OR PI  3. SEX  Fema  70. BIRTHI COUN  MAT  10. CITY C  USUAL R 130. STAT  MAT  14. FATHE  18. USUAL R 19. USU	REGISTRAR		CERTI	TICKIE OF DEATH	REG. NO.			
	CEASED NAME FIRST	Λ .	NODLE	LAST	20 DATE OF DEATH MONT	TH DAY YEAR	25 HOUR	
		a Louise	GRIFFIN	The second secon		AST BIRTHDAY   FUNDER I YEAR    AST BIRTHDAY   FUNDER I YEAR    AND THE WONTHS DAYS    YRS   FUNDER I YEAR    MONTHS DAYS    YRS   DAYS    TYP OR COUNTY OF DEATH    MONTHS DAYS    WONTHS	2:18	
3. SE		- A RACE		OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY		HOURS	
F	emale	White		ust 5, 1904	79		, nooks	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ED . NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH		
10	arvland	U.S.A.		The second state of the second	Baltimore	County		
	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	128. USUAL OCCUPATION -			
7/16	ossville		in Square Ho	spital	Homemaker			
USU	AL RESIDENCE (IF NURSING HO				13e STREET ADDRESS / ZIF	CODE		
0		Baltimore	Towson	YES NO			-21	
	ATHER'S NAME		LAST	15. MOTHER'S MAIDEN NA				
41	Lewis	MIDDLE	Woodland	Sarah	MICOLE			
160	WAS DECEASED EVER IN U.		166 SOCIAL SECURITY NO.					
/   x		ES. GIVE WAR OR DATES)	219-32-3470	Dorothy M. H	Moover - Same as #13e			
-	18. CAUSE OF DEATH (Ent	tor only one cours so					CIMATÉ INTE	
NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1	(0)	
THICAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATI	ON WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO			
77 8	216. ACCIDENT WAS UNDERLYIN				RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)		
7 3	OR CONTRIBUTING CAUSE	AMINER) P.	M. 19		The state of the s	Charles and the		
ED	214 INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY		
2	AT WORK AT WORK							
	22a I certify that (X(this	haspital) attended th	e deceased from Apri				, that (X)	
	220.1 certify that (X)(this saw the deceased ali above, (X)(we) (did) (c	ve on API I J	after death.		n death occurred an the date o			
	226. SIGNATURE	0 11		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED	
1	A corne	wanas	min	PHYSICIAN		4-	5-84	
0	22d. PHYSICIAN'S NAME	(TYPE OR PRINTY		22e ADDRESS				
125	George Cav	anagh, Jr.	M.D.	9000 Frank	clin Square Dr	., 21237		
230.	BURIAL, CREMATION, REM	OVAL 23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN			
	Burial	5-6-8						
24	FUNERAL DIRECTOR	NO.	ADDRESS 1050	York Rd. ADD	6 1984	REGISTRAR'S SIGNA	JURE.	
	Ruck Towson Fr	uneral Hom			0 1304		- INCOC	

